

A newspaper for the Naval Medical Command Northwest Region

Norwester

Capt. Levandowski Named AAMA Fellow

The American Academy of Medical Administrators (AAMA) recently announced that CAPT T. F. Levandowski, Commander, Naval Medical Command, Northwest Region has advanced to a Fellow of the AAMA. This is the highest honor an Academy affiliate may achieve, and indicates that CAPT Levandowski has achieved a level of verified prominence in the health care field. He was also recently appointed as the Metropolitan Director of Northern California for the Academy.

"The purpose of AAMA is to provide a professional organization dedicated to developing innovative concepts in the field of health care administration," said CAPT Levandowski.

The organization is also dedicated to the promotion and advancement of its members in knowledge, professional standing, and personal



Capt. T. F. Levandowski,
Commander, Naval Medical
Command, Northwest Region.

endeavors, through education and research in management, administration, and the philosophy of health care."

CAPT Levandowski is a 38-year Navy veteran. He assumed command

of the Northwest Region in Sept. 1986. He is a 1959 graduate of Officer Candidate School with a commission in the Medical Service Corps.

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Professional Organizations Open to Navy Men and Women

Non-government professional associations and organizations which represent large numbers of people in specific careers are also open to Navy men and women. Such organizations are capable of providing information and associations which ultimately have the effect of increasing professionalism among its members.

Many of our career naval officers and senior enlisted members shy away from these professional associations because they perceive a lack of service support for organizations of this type. There are numerous DoD directives that stress support of these guidelines to govern the military member's conduct in these associations to protect service members in areas where a possible conflict of interest could exist. Career naval members are encouraged to affiliate with these non-government associations and benefit mutually from the latest word in that profession.

HM1 Angell named Region Sailor of the Year

by Jonathan Seth Arnowitz

HM1 Gary Angell thrives on challenge, change and learning new skills. Never satisfied with routine, he constantly seeks to improve, revise and update the running of the departments in which he is responsible. This constant confrontation of challenge embodies the very essence of the model sailor, and stands out among the many reasons Angell was honored as the Naval Medical Command Northwest Region Sailor of the Year.

"Before I came into the Navy, I got bored with my jobs very quickly. I couldn't hold down a job," related Angell. "No problems with a job, I just couldn't stay at the same place. I'd learn something, get good at it, then I would get bored."

"That's why I am a career Navy man: constant challenge, always something new, they keep you moving around. A great variety of opportunity and skills."

Angell is the Internal Control Coordinator of Naval Hospital Oak Harbor. In that capacity he has gained exposure throughout the command.

"I know CAPT. McDaniel, Com-

manding Officer of the Naval Hospital Oak Harbor, is proud of HM1 Angell, and I can only add to that by saying I am also proud to have you as a member of my command," stated CAPT. T. F. Levandowski, Commander of the Naval Medical Command Northwest Region.

It was the hard work and many improvements that won him such high praise.

"It's my job to suggest to all departments means to cut down waste and improve efficiency," stated Angell.

"His entire career pattern displays a steady growth in both leadership and management skills," stated CDR. F. J. Hughes, Executive Officer of the Naval Hospital Oak Harbor. "His numerous letters of appreciation and awards for outstanding performance in virtually every assignment are excellent reflections of his past, present and future ability."

Such lauds did not come easy. Angell works hard and long hours for the Navy. But, even then, the award came as a major surprise to him.

"It was totally unexpected. I

didn't even expect selection as sailor of the quarter. I always thought those awards went to sailors who roll out of bed in their dress blues without even a wrinkle on them. I mean even this morning I accidentally dipped my tie in my coffee."

Angell is mindful that an award is a reflection on his whole department.

"No way would I be here without the great support from the best people I ever worked with. A Commanding Officer, Executive Officer, and Senior Chief that back me 100 percent," gushed Angell. "They gave me the ball and let me run with it."

Angell's family life has also played a large role in his success.

"Well, I know this award would not be possible without my wife's super understanding. All those warmed up late suppers. She's never complained, always understanding," explained Angell.

"He was in the Navy when I married him, so I knew what I was getting into," his wife, Veronica, said. "When he's away it's tough—tough on me and the kids. They hate to see him in his dress blues because they know that means he's probably going to be

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HM1 Gary Angell, Naval Medical Command Northwest Region's Sailor of the Year, reclines pensively during an interview with the Command Master Chief.

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Sailor of the Year Special

by Jonathan Arnowitz

NAVMEDCOM NWR Sailor of the Year



Naval Dental Clinic, Bremerton's Sailor of the Year, DT1 Paul M. Magat.

Magat is SOY for Dental Clinic Bremerton

DT1 Paul A. Magat Jr., Administrative Assistant and Leading Petty Officer for Branch Dental Clinic, Seattle was named Sailor of the Year at Naval Dental Clinic, Bremerton for 1986.

Magat computerized the Branch Clinic's administrative work. He also developed software creating a highly productive and accurate computerized supply system.

Taking the lead, Magat developed and implemented a comprehensive Personnel Qualifications Standards for Dental Technicians. These guides, written during his normal off-duty hours, are presently being considered as command-wide models.

Captain B. M. Mason, his Commanding Officer stated, "The deep respect and sincere affection he [Magat] receives from all hands manifest his superlative leadership, integrity and professional knowledge."

Innovation and initiative gained HM1 Audith L. Newman the Sailor of the Year honors for Naval Medical Command Northwest Region Staff.

In the past year, Newman developed and implemented over five new programs for the Biomedical Equipment Repair Division.

To keep technicians current with the new technology in their fields, Newman redesigned the Inservice Training Program. Newman also created a Rapid Team Concept to respond to any emergency repair needs. Excelling in computer efficacy, Newman invented a computerized Work Order Tracking System.

Furthermore, new programs he implemented for X-Ray repair have saved NAVMEDCOM over \$64,000.

As Leading Petty Officer of the

Biomedical Equipment Repair Division, Newman is responsible for administering civilian contracts worth over \$750,000, supervising 15 military technicians, teaching inservice training, and preparing official correspondence, to name but a few of his duties. Concerning Newman's job performance, people are quick to praise his work.

"Petty Officer Newman has done a sterling job of accomplishing the mission with the limited resources at hand. Through his initiative, leadership and loyal commitment, Biomedical Equipment Repair has become one of the leading divisions in the Northwest Region," remarked CAPT J. L. Smith, Assistant Chief of Staff for Logistics.



HM1 Audith L. Newman's constant innovations gained the honor of NAVMEDCOM NWR Staff's Sailor of the Year

HM1 Angell is GEOCOM Sailor of Year

from page 1

away, but this also gives me strength and independence. And, when I need him, he's there for me."

Often being away from his family, Angell was particularly delighted to be with his wife in Oakland for the Sailor of the Year Luncheon.

For the immediate future Angell looks forward to getting back to his role as Command Equipment Manager. When the new civilian post for internal control is filled, Angell can go back to his favorite hobby: working with computers.

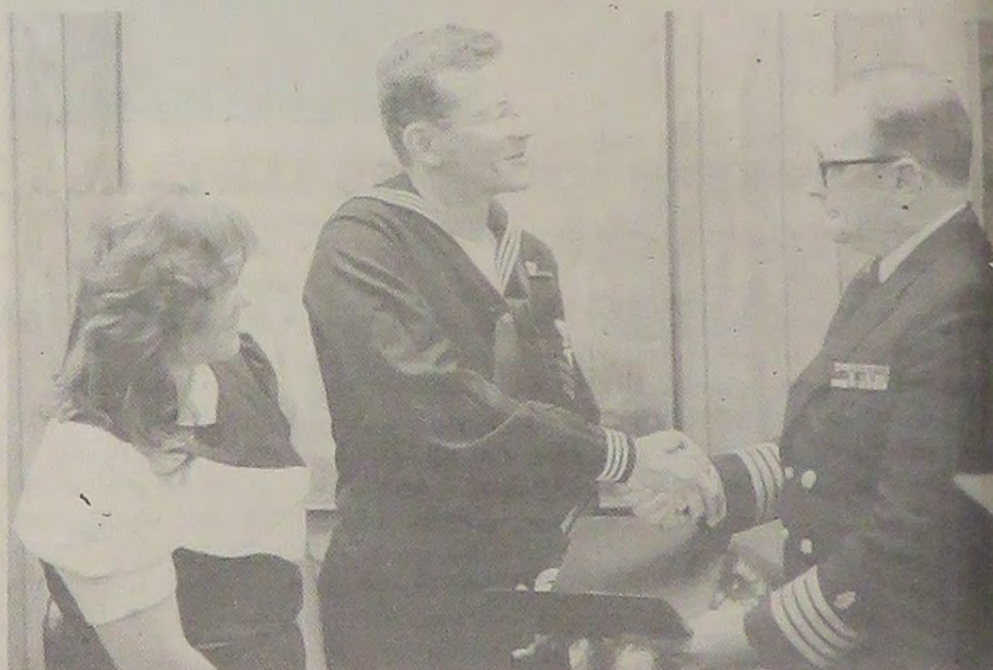
He utilized his computer knowledge to develop a system of continual equipment tracking. This new program has enabled the Naval Hospital to keep constant track of its inventory. Consequently, whenever an inventory is ordered, it is automatically and instantly produced and current.

In his spare time he writes computer programs for the local school district. These include "talking math and English" tutorials for students.

CDR. Hughes summarized why

Angell, with all his skills, awards and Navy dedication, received the award: "I have rated Petty Officer Angell as the top Petty Officer First

Class in my command. I find him, without question, an outstanding candidate for Shore Sailor of the Year."



HM1 Gary Agnell (center) receives a certificate for being named Sailor of the Year from Captain T. F. Levandowski, while Angell's wife, Veronica looks on.

Jordan: Youngest SOY of 1987

"Jordan has developed into one of the Navy's finest young petty officers," stated CAPT Alice Martinson, Commanding Officer of Naval Hospital Oakland, about the youngest Sailor of the Year in the Northwest Region, DT3 Howard A. Jordan. Jordan, receiving an award usually reserved for senior petty officers, was honored as the Naval Hospital's Sailor of the Year.

"I was very surprised when they told me," said Jordan. "I know this award is normally reserved for people with more seniority. This is one of the proudest moments of my life."

As Assistant Leading Petty Officer for the Dental Clinic, Jordan holds many duties and collateral responsibilities. It is not unusual to see him working after hours or on weekends. Among his responsibilities

are: Dental Department Chief of the Day, assists in verifying DEERS eligibility, Safety Petty Officer, coordinates major equipment repairs with the Naval Dental Clinic at Treasure Island, and the list goes on.

"The Navy has taught me to take responsibility and maintain a certain self-confidence and self-esteem I did not have before the Navy, and that in turn has given me a better perspective on life," said the soft-spoken Jordan.

"I know deep down inside of me, that this reflects as much on me as it does on my department and the moral support and confidence they have given me, especially Senior Chief J. C. Brown," petty officer Jordan explained.

Jordan, when not at work, attends Chabot College in pursuit of a degree

in Administration of Justice, Jordan is also a member of the San Leandro Police Reserve.



Naval Hospital Oakland's DT3 Howard A. Jordan was named Sailor of the Year owing to this tireless devotion.

Norwester

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson
AV: 317-692-4178

Branch Clinic Stockton
HMCS G.W. Chraska
AV: 466-7445/6

Branch Clinic Alameda
HM3 Richard Demerest
(415) 869-4314

Sailor of the Year Special

HM1 Manz is Clinic's Command SOY

by HM2 David Hessler

Despite tough competition from other prominent Clinic Corpsmen, Naval Medical Clinics Command San Francisco named HM1 Catherine Manz of Branch Clinic Mare Island, Sailor of the Year.

During the one-year period Petty Officer Manz was stationed at the Branch Clinic, she has held several leadership positions. Initially she was Leading Petty Officer in the Physical Exams Department.

Her current position includes: Administrative Assistant to the Officer in Charge, Enlisted Advisor, Command DAPA, and Patient Contact Representative. Her performance in all areas has earned her praise from her superiors.

"When you come into a leadership position," explained Manz, "the thing you must never forget is where you came from. You must always remember what it was like to be a junior enlisted. Junior personnel need to know they have support from their senior enlisted—someone they can come to with their problems."



HM1 Catherine Manz was named Sailor of the Year for Naval Medical Clinics Command San Francisco.

For others aspiring to become leaders in the Navy, Manz offers the following advice:

"You must be patient and consistent. You must be someone your subordinates can trust. And most importantly, you must have good communications throughout the entire chain of command."

Naval Medical Clinic, Seattle's Christine Haldman is SOY

Sailor of the Year award for Naval Medical Clinic, Seattle, went to HM2 Christine Haldman for her dedication to the Navy.

Haldman is assigned to the Manpower Management section of the Medical Clinic. She quickly took on many extra duties in the department: Command Pass Liaison, Temporary Active Duty Clerk, Mail Clerk, leave administrator and command expert for the Zenith computers, to name but a few. This long list of duties, though, is indicative not only of her dedication; but also, of the type of commitment that warrants Haldman's Sailor of the Year honor.

"Just having Haldman's presence at this command is a motivator. She is a shining example for others to emulate," stated CAPT. F. L. Windholz, Commanding Officer of Naval Medical Clinic, Seattle.

Haldman's work in the Manpower division has won her many awards as she increased the division accuracy rate to 95 percent and increased time-ly turnover of correspondence.



HM2 Christine D. Haldman was honored as the Sailor of the Year from Naval Medical Clinic, Seattle.



DT1 Donald Dockter, Naval Dental Clinic San Francisco's Sailor of the Year for 1987.

'Dockter'ing it up in San Francisco

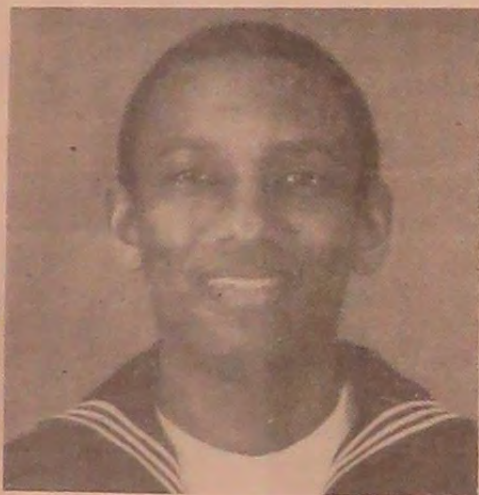
DT1 Donald Dockter can easily be described as among one of the busiest and most dedicated Petty Officers at Naval Dental Clinic, San Francisco—certainly dedicated enough to be named the Clinic's Sailor of the Year.

DT1 Dockter serves as the Dental Clinic's Head of Dental Equipment Maintenance and Repair Division. As the man in charge of the Clinic's repair and maintenance program, he instituted many innovative programs, such as the development of preventive maintenance procedures that keep the 129 dental units he is in charge of, in a constant state of readiness.

Petty Officer Dockter's zeal and dedication to the Navy are also shown in the attention he gives to his numerous other duties. For Naval Dental Clinic, San Francisco, he also works as Command Drug and Alcohol Program Advisor, member of the Minor Equipment Review Board, Repair Division OPTAR Manager, Assistant secretary to the CPO Advisory Board and NEX/Commissary Advisory Board member.

DT1 Dockter still manages to find time for his volunteer work for the Boy Scouts and Big Brothers. Dockter is also currently working on a college degree in Business Administration.

Bremerton's Burgess Awarded for Dedication



Continual review, tireless reevaluation, and never satisfied with "good-enough" are the attributes that earned HM2 Clyde J. Burgess the coveted Sailor of the Year for Naval Hospital Bremerton.

"Burgess is an innovative manager, thoughtfully preparing methods for implementing improvements to our Operating Room. His tenacity in following through on assignments, his providing timely and concise feedback to me, makes him invaluable to the Operating Room Nurses Department," stated CDR Mary Cornell, head of the Emergency Room.

HM2 Burgess works as Leading Petty Officer for both the Operating Room and Recovery Room for the

hospital. Concurrently with his work for the Navy he is constantly studying, improving his work. Most notable, he is about to receive his undergraduate degree from the University of Iowa.

HM2 Burgess also volunteers for the Command Orientation.

"Burgess embodies those qualities the Navy would call an outstanding sailor," states CAPT J. W. Winebright, Commanding Officer, Naval Hospital Bremerton. "As an active petty officer, he wholeheartedly supports his superiors and develops his subordinates in meeting department goals. His positive attitude have cemented his crew into an excellent team with high morale."



HM1 Donald C. Wade's managerial skills earned him Sailor of the Year for Naval Hospital, Lemoore.

ted Disease program, the Tuberculosis program, and the Sanitation program.

An example of Wade's thoughtfulness, he created counseling sessions for junior personnel at the Hospital. Wade is also responsible for the base Pest Control Program.

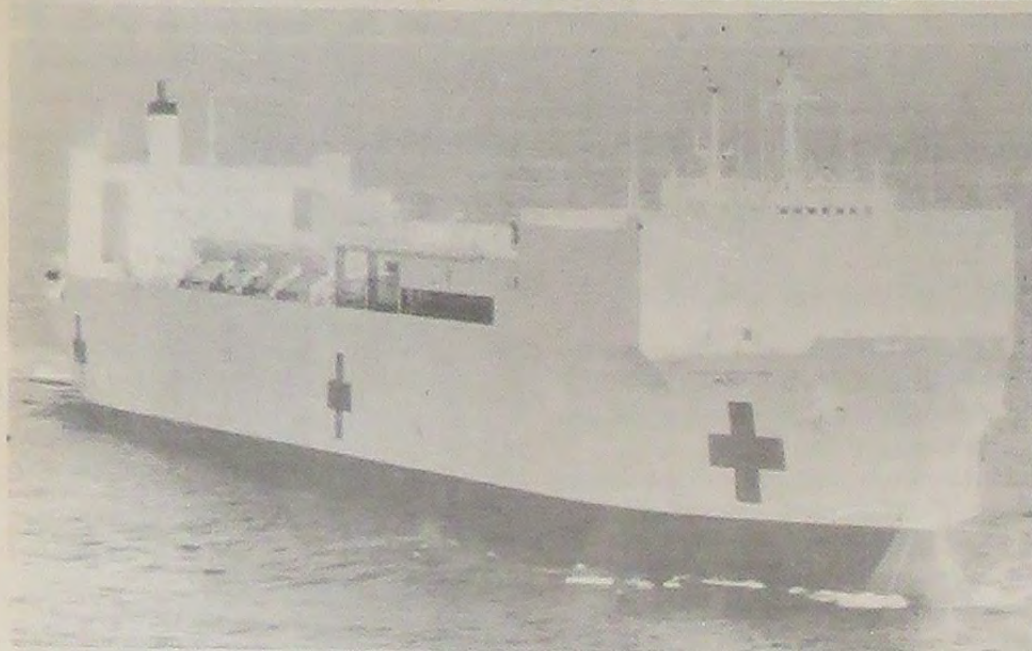
States his Commanding Officer, CAPT R. H. Brant, "His superior management skills and technical abilities were instrumental in his department and command receiving and outstanding rating on the hospital's Program Review Assistance Team (PRAT) assist visit."

Lemoore's Donald Wade, hard working SOY

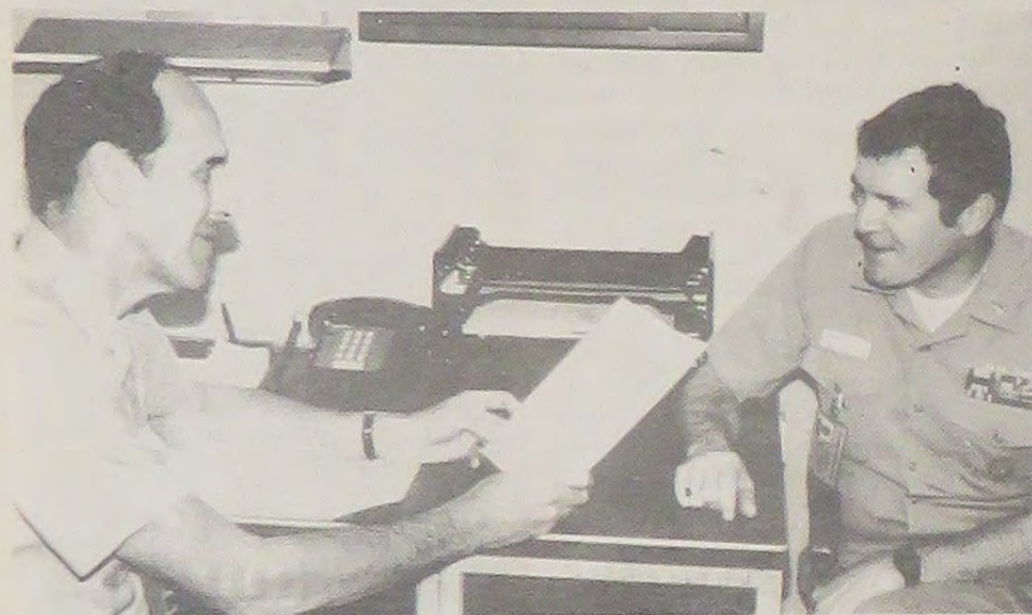
HM1 Donald Wade's diligent supervision of three departments in the Naval Hospital Lemoore, won him the high honor of being named the Naval Hospital's Sailor of the Year.

Wade's versatility as a capable leader is illustrated by his triple management capacity as Leading Petty Officer for the Preventive Medicine, Occupational Health and Industrial Hygiene departments.

Even given his many duties in the three capacities, Wade has taken time to rewrite numerous hospital instructions. These new instructions have revamped programs such as the Naval Hospital's Sexually Transmitted



USNS Mercy (T-AH 19) underway on her deployment to the Republic of the Philippines on her Humanitarian Training Mission.



Captain Donald Sturtz (left), Commanding Officer of the Medical Treatment Facility on Mercy, and Commander James Hanrahan, Executive Officer, discuss citations to be awarded at the ship's first military awards ceremony.



HM3 Tammy Lynn Ashmore of the ship's Nursing Service stacks litters against the bulkhead



HM1 "Stan" Ritchie prepares to install mounting brackets for equipment in the casualty receiving station.

To Region Crew

In a few hours, USNS Mercy will depart on the Humanitarian Mission. The work of your staff over many months has helped make this day possible. I know you are proud of their efforts and that you will convey to all of them the thanks of myself and our crew.

Navy History Made

USNS Mercy Underway

San Diego—The Hospital Ship USNS Mercy (T-AH-19) left here Feb. 27 for a four-month training and humanitarian mission to the Republic of the Philippines. The deployment will train Military Sealift Command and Navy people in the operation and support of the ship and its embarked medical treatment facility during extended operations.

The Mercy is carrying 63 doctors, 65 nurses and 215 medical and dental technicians from the Navy, Army, Air Force and Public Health Service, as well as Filipino medical professionals and support people.

Accompanied by Fleet Tug USNS Sioux (T-ATF 171), the hospital ship will make seven, 10-day stops in the Philippines. Medical teams will treat patients and offer preventive medical advice and training.

The largest hospital ship in the Navy, Mercy's primary mission is treating combat casualties. Its secondary mission is providing disaster relief medical care.

Most of Mercy's medical treatment facility crew is made up of personnel from the Navy Medical Command, Northwest Region, and primarily the Naval Hospital Oakland.



"Fair Winds, Following Seas"

As the USNS Mercy got underway two weeks ago today, Captain Donald Sturtz, Commanding Officer of the ship's medical treatment facility, and Captain T. Levandowski, Commander, Naval Medical Command, Northwest Region, exchanged farewell messages to the respective crews. Following are those messages:

To Mercy Crew

As you depart on your making history-making voyage of reaching training, health, healing, diplomacy and international good will, my sincerest best wishes and prayers go with you. We share in the pride of your hand picked crew and knowledge that you are among

We will strive to represent our medical department to the best of our abilities.

Sincerely,
Donald L. Sturtz
CO MTF Mercy



Medical Repair aboard Mercy. HM1 Tim Allen and SR Gregg Robinson assemble equipment that will be used during the deployment.



Over 270 tons of supplies were loaded aboard the T-ATF 171. T-ATF 171 Tarker move the cargo below for storage.

Our Constitution:

The Disease Most Incident to a Republic

by Jonathan Arnowitz

Federalist Ten embodies, perhaps more than any other paper, the spirit of our Constitution and the fundamental workings of our democracy. It is the first Federalist Paper written by James Madison and perhaps his most eloquent in speaking about the nature of our republic.

In Federalist Ten, Madison addresses the problem of factions, what he calls the "diseases most incident to Republic Government." The problems with factions involves the issue of how to guarantee the preservation of rights in a democracy. In other words, how to control the will of the people from becoming tyrannical. If one accepts the Liberal belief that all people are self-serving, self-preserving and inclined to follow immediate or short term desires; then it becomes apparent that this type of a society could end up with a tyranny of the majority or tyranny of the part.

Tyranny could arise from the majority, by the strength of their votes. By "majority rule" it is conceivable that a majority faction could take away or limit the rights of the minority.

For instance, the majority of white voters in the deep south allowed them to abridge the rights of the minority blacks. These "Jim Crow" laws were passed "by the people" and yet were tyrannical and oppressive. Furthermore, the internment of the Japanese during World War II, illustrates how a nation moved by momentary passions and fears could tyrannically and unconstitutionally alienate the "inalienable rights" of others.

Tyranny could also come from a minority with a huge amount of power, or money, or powerful voting block. This powerful minority could abridge the rights of others and use the government to their own advantage.

One thinks of the modern day lobbying groups. These groups wield an enormous amount of influence. This influence does not come from any democratic institution; nobody votes for lobbyists. Yet they have tremendous influential power and remain one of the cornerstones of our democracy.

Madison understood this propensity for people banding together, work-

ing as a group and wielding their power to pursue their self-interests. Look at all the special interest groups in America: lobbying groups, associations, religious groups, business groups, issue groups, political parties and caucuses.

Madison called these pressure groups factions. Unchecked, a faction can turn a republic into a tyranny. Madison believed factions to be the greatest evil to a republic. Modern history bears him out. The Weimar Republic was one of the most democratic governments, and yet the minority Nazi party was able to gain control—in a purely democratic fashion—and destroy all democratic features of the Weimar Republic. A political faction was able to use democratic means to turn a republic into the Third Reich.

In the first part of Federalist Ten, Madison describes the malady of factions. In the next issue of the *Norwester*, we will reprint the second part of Federalist Ten and discuss the "remedy" to this "disease most incident to a republic."

Federalist 10, Part 2: James Madison

November 22, 1787

To the People of the State of New York.

Among the numerous advantages promised by a well constructed Union, none deserves to be more accurately developed than its tendency to break and control the violence of faction. The friend of popular governments, never finds himself so much alarmed for their character and fate, as when he contemplates their propensity to this dangerous vice. He will not fail therefore to set a due value on any plan which, without violating the principles to which he is attached, provides a proper cure for it. The instability, injustice and confusion introduced into the public councils, have in truth been the mortal diseases under which popular governments have every where perished; as they continue to be the favorite and fruitful topics from which the adversaries to liberty derive their most specious declamations. The valuable improvements made by the American Constitutions on the popular models, both ancient and modern, cannot certainly be too much admired; but it would be an unwarrantable partiality, to contend that they have as effectually obviated the danger on this side as was wished and expected. Complaints are every where heard from our most considerate and virtuous citizens, equally the friends of public and private faith and of public and personal liberty; that our governments are too unstable; that the public good is disregarded in the conflicts of rival parties; and that measures are too

often decided, not according to the rules of justice, and the rights of the minor party; but by the superior force of an interested and over-bearing majority. However anxiously we may wish that these complaints had no foundation, the evidence of known facts will not permit us to deny that they are in some degree true. It will be found indeed, on a candid review of our situation, that some of the distresses under which we labor, have been erroneously charged on the operation of our governments; but it will be found, at the same time, that other causes will not alone account for many of our heaviest misfortunes; and particularly, for that prevailing and increasing distrust of public engagements, and alarm for private rights, which are echoed from one end of the continent to the other. These must be chiefly, if not wholly, effects of the unsteadiness and injustice, with which a factious spirit has tainted our public administrations.

By a faction I understand a number of citizens, whether amounting to a majority or minority of the whole, who are united and actuated by some common impulse of passion, or of interest, adverse to the rights of other citizens, or to the permanent and aggregate interests of the community.

There are two methods of curing the mischiefs of faction: the one, by removing its causes; the other, by controlling its effects.

There are again two methods of removing the causes of faction: the one by destroying the liberty which is essential to its existence; the other,

by giving to every citizen the same opinions, the same passions, and the same interests.

It could never be more truly said than of the first remedy, that it is worse than the disease. Liberty is to faction, what air is to fire, an ailment without which it instantly expires. But it could not be less folly to abolish liberty, which is essential to political life, because it nourishes faction, than it would be to wish the annihilation of air, which is essential to animal life, because it imparts to fire its destructive agency.

The second expedient is as impracticable, as the first would be unwise. As long as the reason of man continues fallible, and he is at liberty to exercise it, different opinions will be formed. As long as the connection subsists between his reason and his self-love, his opinions and his passions will have a reciprocal influence on each other; and the former will be objects to which the latter will attach themselves. The diversity in the faculties of men from which the rights of property originate, is not less an insuperable obstacle to a uniformity of interests. The protection of these faculties is the first object of Government. From the protection of different and unequal faculties of acquiring property, the possession of different degrees and kinds of property immediately results: and from the influence of these on the sentiments and views of the respective proprietors, ensues a division of the society into different interests and parties.



Breaking out supplies that will be used during the deployment are HN Felicia Jackson and HM3 William Mendoza in the ship's Pharmacy.



Postal Clerk Second Class John Felipe keeps the ship's mail moving.

at professionals anywhere and will present all of us in the finest traditions of the Navy and other military services. We wish you God speed, fair winds and following seas, and look forward to your return to come home Oakland.

CAPT T. F. Levandowski
CO NAVMEDCOM NWR



Tee Jones (left) and SHSN Billie Jo

Capt. Levandowski Named AAMA Fellow

from page 1

He holds a bachelors degree from George Washington University and a master of science degree in Management from Troy State University. He has held teaching appointments at New Hampshire College, and at the University of Puerto Rico where he served as a preceptor in the Graduate School of Public Health of the Medical Sciences Campus.

The American Academy of Medical Administrators is an international professional society which encourages and fosters a scientific approach to the practice of medical administration; provides a means of intercommunications; promotes, conducts and institutes educational courses in this specialty; establishes and maintains criterion of competency for those engaged in this profession. It also provides for recognition of those performing noteworthy service in health care leadership.

All Navy Medical Department staff corps officers, and degreed senior civil service enlisted personnel in positions related to health care management administration may be considered for affiliation with the AAMA.

For more information on the AAMA, CAPT Levandowski may be contacted at the Naval Medical Command, Northwest Region, Oakland, CA 4627-5025, or by writing directly to the American Academy of Medical Administrators, Congress Building, Suite 150, 3055 Southfield Rd., Southfield, MI, 48076.

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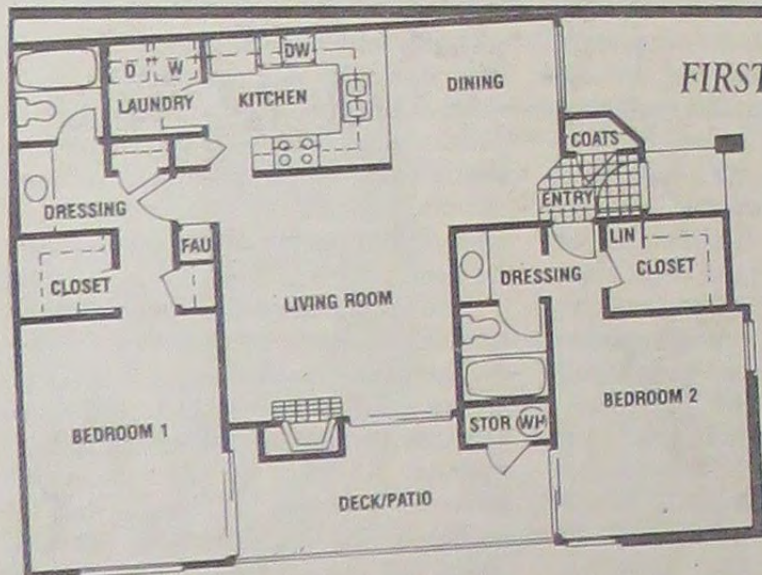
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March 13, 1987



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Norwester

Surgeon, leader, teacher is Chief of Staff

story and photos by JOC Mike McGougan

When Naval Military Personnel Command (NMPC) phoned Captain C. Gordon Strom at Naval Hospital, Oakland, in September 1986 to ask if he would become the next Chief of Staff at the GEOCOM, he laughed.

"That's the craziest thing I ever heard," Capt. Strom responded. "That would be like Saint Paul being struck blind on the road to Damascus and suddenly becoming a believer."

"No way am I going to take the position of Chief of Staff for the Naval Medical Command, Northwest Region," Capt. Strom recalled reacting at first. "I didn't even have a very good idea what the GEOCOM was."

"In the Naval Hospital, the impression was that people disappeared into the GEOCOM and no money ever came out of it," the captain related. "And, everyone on the hill in GEOCOM went to lunch at 11 o'clock."

During 15 years service at Oak Knoll, Capt. Strom developed close working relationships with physicians, surgeons, nurses, corpsmen and administrative support personnel alike in the hospital clinics and operating rooms.

He quietly, but universally, earned a reputation as a very good surgeon, leader and teacher in graduate training for the Department of Otolaryngology (ear/nose/throat or ENT, and head and neck surgery). In 1978, he was selected Chief of Service for the Otolaryngology Department.

Capt. Strom had earned his bachelor's degree from Pacific Lutheran College in Tacoma, Washington, after turning down opportunities to attend the Coast Guard Academy or Naval Academy. He graduated from the University of Washington Medical School in 1966 under the Reserve Ensign Program.

"It's funny, I grew up just north of Seattle and am now associated with many programs in the Northwest in



Captain Strom keeps in touch with one of the medical treatment facilities in an outlying area of the Naval Medical Command's vast Northwest Region. (Photo by JOC M.D. McGougan)

my assignment as Chief of Staff," the son of Mr. and Mrs. Clarence A. Strom of Everett, Wash., noted.

Capt. Strom was suddenly thrust into a Navy career when he arrived in San Diego with his wife, Nancy, and their two children following his internship at Minneapolis General Hospital.

He went aboard the seaplane tender USS Pine Island to get his "sea legs" with a wash-and-wear suit and only \$10 in his pocket. After only a 15-minute turnover in sick bay with his predecessor, Capt. Strom officially became the ship's doctor.

Pine Island's aviators soon took him "under their wing" to help chart the course of his Navy career. During a Western Pacific deployment, he received extensive experience in

general practice medicine and often hitched plane rides with his airdale shipmates.

It was his aviator friends and the flying that led to the next step in his career: flight surgeon training at the Naval School of Aviation Medicine and in two jet aircraft squadrons based at Kingsville, Texas. The flight surgeon training was tougher than medical school for Capt. Strom, but the thrill of flying in the backseat of an F-9 Cougar and making carrier landings aboard the USS Lexington made the challenge worthwhile.

After four years of residency training at Naval Hospital, San Diego, and two years duty at Naval Hospital, Long Beach, the captain was thinking about leaving the Navy

please see page 6



Secretary Eastin visits GEOCOM

The Honorable Keith E. Eastin (third from right, civilian attire), Deputy Assistant Secretary of the Navy (Shipbuilding and Logistics), views a command slide briefing presented by Captain T.F. Levandowski (second from right) during a visit to Naval Medical Command, Northwest Region, headquarters on March 27. Accompanying Secretary Eastin were, from left: Captain M.D. Lewis, Special Projects Officer for Commander, Naval Base, San Francisco; Rear Admiral R.L. Toney, Commander, Naval Base, San Francisco; Captain F.A. Giorgio, COMNAVBASE San Francisco Homeporting Coordinator; and Captain A. Stewart, Director of Facilities, Construction, office of Secretary of the Navy. Secretary Eastin and his group also toured Naval Hospital, Oakland. (Photo by JOC M.D. McGougan)

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News

Military bearing: getting there, getting aboard

By Capt. T. F. Levandowski

We joined the Navy because we wanted to be an integral part of a proud special group strongly tied to venerable customs, dignified ceremonies and esteemed traditions.

Many of you know we were all astounded when the Navy Inspector General told us that as a military community, his team perceived a lacking in our military bearing.

We know we are as professional, as proud, as concerned, and (we thought) as military as any of our peers. Regardless of what we thought of ourselves, their perception of us was somewhat different.

Since then, we have collectively accepted the challenge and have gone on a rampaging "image campaign". Our determination is making sure this Command is getting there.

Attention to morning and evening colors; crisp salutes; officers/dignitaries in automobiles being recognized and saluted; buildings and base appearance receiving increased attention; barracks being upgraded, recognition and public acknowledgement; professionalism, smartness and courtesy of security personnel noted and reported from senior line officers visiting our base: those form the basis of our new and better image.

That's what this is all about!

Let there be no doubt—this is an all-hands effort. Officer, Chief, Enlisted and civilian—our Navy team.

"The day you have to be the first one to stand up and say 'follow me' is the day you'll earn every salute you ever got."

—David Donovan,
writer

If each of us sets the example for others to emulate, we will have arrived.

Unfortunately, there remains a small minority of people who persist in unprofessional conduct. Some call it the "Oak Knoll Country Club Mentality". Others are ignorant or oblivious to the regulations, rules and proud traditions. This minority is becoming less and less tolerable.

Hands in pockets while in

uniform? No hat? Carrying an open umbrella? Unbuttoned, unzipped jackets or coats? Dirty unkempt uniforms or shoes? Haircut? Ignore colors? Sleeves rolled up? Smoking while walking? Mindlessly trashing? NOT ME! NOT MY COMMAND! NOT MY DEPARTMENT! NOT MY BUILDING! These are the overriding cries that I hear and the results are visible everywhere. Commensurate with this is a

direct outcome, I see more letters of appreciation, commendations, and medals being awarded.

As the spring celebrates the renewal of life; likewise there is a resurgent pride in our military professionalism; an increased awareness of all of our surroundings. With diligence and self-discipline, we will achieve our ultimate goal. We are getting there! Get aboard!

Gustafson honored for readiness

Lieutenant Commander David L. Gustafson, Contingency Officer in the Plans and Operations Department, Naval Medical Command, Northwest Region, was awarded a Letter of Commendation for his efforts in connection with the recent Readiness Exercise WINTEX-CIMEX-87.

Captain T.F. Levandowski, Commander, NAVMEDCOM, Northwest Region, presented the Letter of Commendation to LCdr. Gustafson during an awards ceremony March 26.

LCdr. Gustafson was cited in the letter for his "outstanding performance as manager and coordinator for the exercise."

The letter further stated: "You masterminded a scheme to bring into play both active and reserve forces in this two-week-long exercise. Your advance planning efforts paid handsome rewards as you smoothly directed many new players, including this command's reserve unit, in round-the-clock management of

medical deployments, casualty receipt, and response to terrorist activities. Field commands extensively participated in this demanding scenario, and when on occasion the play subsided, you interjected unusual events and wittiness to keep up their interest.

"Commander, Naval Medical Command, praised the speed and level of response from Northwest Region commands...Congratulations for a job well done!"

FMA awards Capello

By Jonathan Arnowitz

At the Federal Manager's Association's (FMA) 49th Annual Convention in Washington, D.C., Wanda Cappello, president of the FMA Naval Medical Command, Northwest Region, Chapter, received an award for greatest annual membership growth. In less than a year, the chapter grew over 150 percent from 13 members to 40.

"I was surprised, but very pleased," Cappello said. "This award was not something I could achieve by myself. The members are directly responsible for helping the FMA grow."

"I am truly honored because this growth demonstrates the trust the members have in me and the FMA."

The FMA serves as a meeting place for managers, allowing them to discover new managerial methods and efficient problem solving skills.

The FMA also advocates and protects the rights of federal employees. For Cappello, this meant visiting congressmen and senators while in Washington.

"I struck out on my own to learn this; I had to become more aware of the importance of political contacts," said Cappello. "It was a real learning experience. I made some mistakes but I have also learned by them."

Cappello received results. Representative Ronald Dellums' top aide made a special trip to an FMA function to speak with her. Rep. Pete Stark's legislative aide indicated that Rep. Stark is interested in attending a future FMA meeting.

"I am extremely impressed by the warm reception from the Congress-

sional offices," stated Cappello.

The FMA has been concentrating on issues of importance to all federal employees, not just managers. According to Cappello, among the issues the FMA pursues are: fighting contracting-out service, protecting the general schedule pay scale and fighting to retain retirement benefits.



Wanda Cappello, Secretary to the Chief of Staff, Naval Medical Command, Northwest Region, holds her Membership Growth Award from the Federal Managers Association for chapter growth of over 150 percent. (Photo by AN Deborah Davis)

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGougan
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfsen
AV: 317-692-4178
Branch Clinic Stockton
HMCS G.W. Chraska
AV: 466-7445/6
Branch Clinic Alameda
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April 10, 1987

Back to basics

What every good Navy man, woman knows

NWR staff Chain of Command

President Ronald Reagan
Commander in Chief

Caspar Weinberger
Secretary of Defense

John F. Lehman, Jr.
Secretary of the Navy

Admiral T. A. H. Trost
Chief of Naval Operations

Vice Admiral Louis Seaton
Director of Navy Medicine

Rear Admiral J. P. Cassells
Commander, Naval Medical Command

Captain T. F. Levandowski
Commander, Naval Medical Command
Northwest Region

Captain C. G. Strom
Deputy Commander, Chief of Staff
Naval Medical Command, Northwest Region

Captain J. P. Smith
ACOS Resources

Captain (Select) D. Vosloh
ACOS Plans and Operations

Captain J. L. Smith
ACOS Logistics

Captain R. K. Hill
ACOS Dentistry

Your mission

Command assigned naval shore activities and ensure that those activities are provided an appropriate level of resources to effectively and efficiently carry out their assigned missions and functions. Ensure that all assigned activities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

Direct the overall provision of comprehensive and quality health care service throughout the assigned geographical and mission identified areas of responsibility.

Act as central authority for cooperation with military and civilian authorities in matters pertaining to public health, disasters and other emergencies. Ensure that assigned activities achieve successful accreditation by appropriate agencies and commissions. Be responsible for the coordination and performance of overall planning, programming and execution functions which affect the assigned area. Participate as an integral element of the Tri-Service Regional Health Care System. Provide necessary coordination of support to tenant activities.

Saluting—a sign of respect

Saluting civilians and officers in civilian dress. Since the salute is the military form of greeting and is the same as tipping one's hat, and since naval personnel do not uncover when outdoors, it follows that you use the military salute when recognizing officers in civilian dress or greeting civilian friends.

The same holds for meeting women. You do not tip your hat, but acknowledge their greeting with a hand salute. Keep your uniform cap on even when ladies are present.

When you are in civilian dress, you naturally follow the rules of civilian courtesy and tip your hat to other gentlemen (officers or not), and to women. While in the presence of women, you remove your hat unless you are walking some distance with them.

Saluting the flag in civilian dress.

Should you have the occasion to salute the flag while in civilian clothes do it as follows:

If you are wearing a hat, remove it with your right hand and hold it over your chest, with your hand over your heart.

If you are not wearing a hat, place your right hand over your heart. Women in civilian dress salute in this manner also.

Do not merely stand at attention. Standing simply at attention is the way aliens are supposed to honor the American flag. American citizens not only stand at attention, they also salute by placing hat or hand over the heart.

If you are in uniform and notice an officer driving a car, salute the officer as the car passes. The officer will acknowledge with a nod of his head.

Properly rendering honors—your responsibility

The following is reprinted from *The Navy's Bluejackets' Manual*. Every Navy shore command and ship not underway performs the ceremony of Colors twice a day—at 0800 and at sunset. This ceremony consists in paying honor to the national ensign as it is hoisted at 0800 and lowered at sunset.

At five minutes before 0800, and before sunset, First Call is sounded on the bugle (if the ship or station has a bugler), or a recording of First Call is played. If not, then the Boatswain's Mate pipes and passes the word, "First Call to Colors."

At 0800, Attention is sounded on the bugle. Commands without buglers or recordings will pass the word, "Attention to Colors" over their loudspeakers, or the Quartermaster will blow a blast with a whistle.

The national ensign is hoisted, the

band, if there is a band, plays the national anthem. If there is no band, but a bugler, then the bugler plays, "To the Colors." Everyone within sight or hearing renders honors as follows:

If in ranks, you will be called to attention or to present arms by the officer in charge.

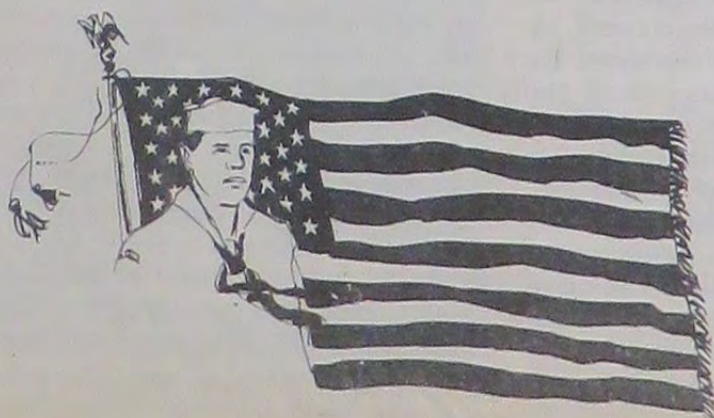
If you are in uniform but not in

ranks, you stop whatever you are doing, face the colors and salute until Carry On is sounded.

If you are in a vehicle, and traffic safety permits, you stop and sit at attention, but do not salute.

If you are a passenger in a boat, you remain at attention, seated or standing. The boat officer or coxswain salutes for the boat.

If you are in civilian or athletic gear at Colors, you stop and face the colors at attention. If you have a hat, you hold it in your right hand over your heart. If you have no hat, you salute by holding your right hand over your heart. A woman in civilian clothes, with or without a hat, stands at attention and places her right hand over her heart.



•As of press time,
James Webb is undergoing
Senate confirmation as the
new Secretary of the Navy

Our Constitution:

Trading a Democracy for a Republic

By Jonathan Arnowitz

In the first part of Federalist Ten, Madison illustrated the most dangerous enemy to a democracy: self-interest groups or factions.

Minority factions are naturally checked by the majority; however, who would check a majority faction?

In Athens, an ancient democracy, there was no check. Consequently, there was no way to stop the people's decision to exile or put to death their unpopular citizens, such as Socrates and Aristotle.

Madison rejects the idea of a pure democracy.

Federalist Ten comments how a pure democracy relies on perfect individuals and perfect equality. This reliance on equality manifests itself as oppression of the minority.

Rather than rely on perfect and equal individuals, the constitution relies on imperfect and self-interested people to apply private vice for the public good.

The solution to the problem of factions entails enlarging the territory of the republic and encouraging everyone to seek their own self-interest by joining factions. The check on factions is the creation of a multitude of factions which balance each other.

The diversity of a large country would guarantee that for almost any group advocating their interest, there is another group advocating an opposing interest.

In America, for example, manufacturing interests are checked by consumer lobbies. Religious factions are balanced by civil liberty groups.

Even the military faction is balanced by the pacifists.

The system of representative government and political lobbying groups keep the majority of voters out of the ruling of the country.

To have a "majority rule" is to have a majority faction rule. Our constitution instead relies on consent. A citizen consents to rule by participating in the election of authority.

The voters elect representatives who work in what they consciously feel is in their constituents' best interest.

The belief that a representative must vote according to the desire of their district is not only mistaken but also unconstitutional. Unconstitutional owing to the representative would be subjecting himself to a majority faction. In short, our democracy is founded on consent of the governed, not rule by the governed.

The cure for the disease most incident to a republic is to remove the majority from government by expanding the orbit of the republic, use representative government and en-

courage all people to pursue their interests in splintered faction groups.

Madison concedes that localities may oppress minorities, like South's Jim Crow laws oppressed Blacks; however, their local oppression could not spread into the rest of the republic because of the numerous opposing factions nationwide.



Conclusion—James Madison's Federalist Ten

By what means is this object attainable? Evidently by one of two only. Either the existence of the same passion or interest in a majority at the same time must be prevented; or the majority, having such co-existent passion or interest, must be rendered, by their number and local situation, unable to concert and carry into effect schemes of oppression. If the impulse and the opportunity be suffered to coincide, we well know that neither moral nor religious motives can be relied on as an adequate control. They are not found to be such on the injustice and violence of individuals, and lose their efficacy in proportion to the number combined together; that is, in proportion as their efficacy becomes needful.

From this view of the subject, it may be concluded that a pure Democracy, by which I mean, a Society, consisting of a small number of citizens, who assemble and administer the Government in person, can admit of no cure for the mischiefs of faction. A common passion or interest will, in almost every case, be felt by a majority of the whole; a communication and concert results from the form of Government itself; and there is nothing to check the inducements to sacrifice the weaker party, or an obnoxious individual. Hence it is, that such Democracies have ever been spectacles of turbulence and contention; have ever been found incompatible with personal security, or the rights of property; and have in general been as short in their lives, as they have been violent in their deaths. Theoretic politicians, who have patronized this species of Government, have erroneously supposed, that by reducing mankind to a perfect equality in their political rights, they would, at the same time, be perfectly equalized and

assimilated in their possessions, their opinions, and their passions.

A Republic, by which I mean a Government in which the scheme of representation takes place, opens a different prospect, and promises the cure for which we are seeking. Let us examine the points in which it varies from pure Democracy, and we shall comprehend both the nature of the cure, and the efficacy which it must derive from the Union.

The two great points of difference between a Democracy and a Republic are, first, the delegation of the Government, in the latter, to a small number of citizens elected by the rest; secondly, the greater number of citizens, and greater sphere of country, over which the latter may be extended.

The effect of the first difference is, on the one hand to refine and enlarge the public views, by passing them through the medium of a chosen body of citizens, whose wisdom may best discern the true interest of their country, and whose patriotism and love of justice, will be least likely to sacrifice it to temporary or partial considerations. Under such a regulation, it may well happen that the public voice pronounced by the representatives of the people, will be more consonant to the public good, than if pronounced by the people themselves convened for the purpose. On the other hand, the effect may be inverted. Men of factious tempers, of local prejudices, or of sinister designs, may be intrigue, by corruption or by other means, first obtain the suffrages, and then betray the interests of the people. The question resulting is, whether small or extensive Republics are most favorable to the election of proper guardians of the public weal; and it is clearly decided in favor of the latter by two obvious considerations.

In the first place it is to be remarked that however small the Republic may be, the Representatives must be raised to a certain number, in order to guard against the cabals of a few; and that however large it may be, they must be limited to a certain number in order to guard against the confusion of a multitude. Hence the number of Representatives in the two cases, not being in proportion to that of the Constituents, and being proportionally greatest in the small Republic, it follows, that if the proportion of fit characters, be not less, in the large than the small Republic, the former will present a greater option, and consequently a greater probability of a fit choice.

In the next place, as each Representative will be chosen by a greater number of citizens in the large than in the small Republic, it will be more difficult for unworthy candidates to practice with success the vicious arts, by which elections are too often carried; and the suffrages of the people being more free, will be more likely to centre on men who possess the most attractive merit, and the most diffusive and established characters.

It must be confessed, that in this, as in most other cases, there is a mean on both sides of which inconveniences will be found to lie. By enlarging too much the number of electors, you render the representative too little acquainted with all their local circumstances and lesser interests; as by reducing it too much, you render him unduly attached to these, and too little fit to comprehend and pursue great and national objects. The Federal Constitution forms a happy combination in this respect; the great and aggregate interests being referred to the national, the local and particular, to the state legislatures.

The other point of difference is, the greater number of citizens and extent of territory which may be brought within the compass of Republican than of Democratic Government; and it is this circumstance principally which renders factious combinations less to be dreaded in the former, than in the latter. The smaller the society the fewer probably will be the distinct parties and interests composing it; the fewer the distinct parties and interests, the more frequently will a majority be found of the same party; and the smaller the number of individuals composing a majority, and the smaller the compass within which they are placed, the more easily will they concert and execute their plans of oppression. Extend the sphere, and you take in a greater variety of parties and interests; you make it less probable that a majority of the whole will have a common motive to invade the rights of other citizens; or if such a common motive exists, it will be more difficult for all who feel it to discover their own strength, and to act in unison with each other. Besides other impediments, it may be remarked, that where there is a consciousness of unjust or dishonorable purposes, communication is always checked by distrust, in proportion to the number whose concurrence is necessary.

Hence it clearly appears, that the same advantage, which a Republic has over a Democracy, in controlling the effects of faction, is enjoyed by a large over a small Republic—is enjoyed by the Union over the States composing it. Does this advantage consist in the substitution of Representatives, whose enlightened views and virtuous sentiments render them superior to local prejudices, and

please see page 19

April 10, 1987

Phantom leprechaun visits O'Club here



Marjorie Lesage, Secretary to the Commander, Naval Medical Command, Northwest Region, made sure everyone knew that she was into the spirit of St. Patty's Day. (Photo by AN Deborah Davis).



Irish eyes (and even some of other nationalities too) were smiling at the "O" Club St. Patrick's Day party. Captain and Mrs. T.F. Levandowski obviously enjoyed the festivities. (Photo by JOC M.D. McGougan)



Command Master Chief HMCM William O'Daniel turned his office into a bit of Ireland, displaying shamrocks and spreading blarney in celebration of his proud heritage long before "his magic day" arrived. (Photo by Deborah Davis)

All of the Irish, real and honorary, gathered at the "O" Club on St. Patty's Day to a mouth-wateringly delicious green salad, corned beef and cabbage, and creme de menthe sundaes. To add to the international flair a Leprechaun Pinata was donated by Captain C. G. Strom, Chief of Staff of the Northwest Region, and the wee ones present had a real go at it. More than 180 persons attended.

The club was beautifully festooned with the appropriate trappings and all of the attendees wore the finest greenery. Captain O'Levandowski and his lady, Mary, looked as if they stepped right out of the pages of "Welcome to Ireland" (the Pope forgave them that one minor discretion). Walter Terry's green carnation boutonniere was the envy of the group. The Van Bueken family was so festive in their greenery they looked as if they had just danced around a magic shamrock.

Captain Jack Bartlett, the Director for Hospital Administration, and bride, Mary Theresa, were joined for dinner with the Commander, along with Captain Jim (O1) Smith, the ACOS for Resource Management, with his lady, Barb.

Sweet Mary O'Donnell was a most gracious hostess as she alternately greeted guests, spread the blarney, and served as waitress and number one helper to Johnny in the kitchen who did another superb job.

A three-piece genuine Irish musical group tapped out traditional Irish tunes all evening. St. Patrick would have been proud that such a tribute had been paid to him.

P.S. A super thanks to another Irishman, JOC M.D. McGougan, who played roving photographer and also greatly added to the festivities of the evening.

P.P.S. Who was the stranger with the red tie?



A large group of celebrants joined together in their finest green attire at the Officers Club on St. Patrick's Day to lift a toast or two, sample delicious, traditional Irish food and trade tales of shamrocks and leprechauns in honor of the day. At the table in the foreground, Captain and Mrs. T.F. Levandowski were joined by Captain and Mrs. Jack Bartlett and Captain and Mrs. Jim Smith. (Photo by JOC M.D. McGougan).



Captain C.G. Strom with his masterful Leprechaun Pinata. With pockets full of sweet things, Mr. Leprechaun was a big "hit" for the wee kiddies attending the St. Patrick's Day fete at the "O" Club. (Photo by AN Deborah Davis)

Enjoy Easter brunch at O'Club

The Oak Knoll Officers' Club offers and Easter Brunch, Sunday, April 19 from 10 a.m. to 2 p.m.

Reservations are required by April 13. Cost is \$12 for adults and \$6

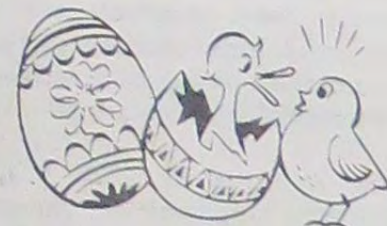
for children under 12.

Come and enjoy a festive spring-time brunch with family and friends. A chocolate Easter egg hunt will take place during the meal.

The Easter bunny is a Navy Chief!

The Chief Petty Officers' Association is hosting and Easter Egg Hunt, April 18 at 10 a.m. at the Oak Knoll picnic grounds. The hunt, which

follows the Special Services Bunny Run, is open to all military dependent children ages 1 through 12, of the Oak Knoll compound.



Two of the wee kiddies attending the St. Patrick's Day fete at the "O" Club listen to traditional Irish music. (Photo by JOC M.D. McGougan)

New NAVMEDCOM NWR COS recounts

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in mid-1971. But, Captain Tom Miller, then Chief of E.N.T. at Oak Knoll, and his former senior resident colleague at Naval Hospital, San Diego, "recruited" Capt. Strom to come up north "for just a year."

Capt. Miller was instrumental in encouraging Capt. Strom to remain in the Navy to teach his skills to other young surgeons. That "year" assignment at Naval Hospital, Oakland, turned into a 15-year "tenure" for Capt. Strom.

"I kept looking every couple of years for a set of orders and my kids (three boys and a girl) were asking me when our family was going to move," Capt. Strom said. "I don't know why the Navy let me stay in Oakland all these years; I didn't plan it that way."

"I also had many lucrative offers of private practice but somehow just couldn't bring myself to leave the Navy," he added.

The 15 years he spent at Naval Hospital, Oakland, proved to be more than just a job for Capt. Strom, but an adventure in medicine.

He once hiked down to the bottom of the Grand Canyon to make "house calls" to treat members of the Havasupi Indian tribe for ear ailments.

"The treatment was part of a program from 1974 to 1984 that began when the Phoenix District Indian Health Service couldn't handle the large number of Indians with ear diseases and requested help from Naval Hospital, Oakland," Capt. Strom related.

He and other staff members of the Department of Otolaryngology regularly conducted clinics at five Indian tribe reservations in Arizona, Nevada and Utah. Patients needing ear surgery were brought to Oak Knoll by charter flights.

"We even arranged for sightseeing in the Bay Area for our Indian patients and it was interesting to see their reactions when they viewed the Pacific Ocean for the first time," Capt. Strom recalled.

The Public Health Service and Phoenix District Indian Health Service provided the funds to pay for the transportation, travel, equipment and extra personnel necessary to treat the Indians.

"The program was always conducted with the permission of our commanding officer and with the assurance that other treatment in our department wasn't held short," the captain emphasized. "Our experience with American Indians and their ear diseases was mutually beneficial because in every surgical case we learned something different that could be applied to our own military and dependent patients at Oak Knoll."

In the summer of 1975, Capt. Strom went to Guam for two months of temporary duty to treat Vietnamese refugees evacuated to the island during "Operation New Life."

"It was rewarding to see the results of a massive effort on short

notice to assist the refugees as they arrived in the tent city on Guam by the thousands," Capt. Strom said. "The enthusiasm of the people who joined together there to provide support for the Vietnamese was tremendous."

Author of numerous published medical articles, Capt. Strom traveled to Budapest, Hungary, in June 1981 to deliver a presentation on oral cancer to the 12th World Congress of Otorhinolaryngology.

He has served as a consultant in Otolaryngology to several Bay Area hospitals, the Pacific Trust Territories and associate clinical professor at the University of California's School of Medicine in San Francisco.

As a leading authority in his specialty, Capt. Strom was selected consultant to the Surgeon General for otolaryngology.

Although he speaks modestly about his many achievements in a variety of medical activities, Capt. Strom expresses obvious pride about his extended association with the Otolaryngology Department at Naval Hospital, Oakland.

In recent years, he obtained updated and new equipment for the department's vestibular laboratory, making it one of the best top three such laboratories in the western United States. He has also updated the carbon dioxide laser equipment by acquiring a new radio-induced-state-of-the-art machine as well as other departmental equipment.

Capt. Strom especially enjoyed his teaching role in the Otolaryngology Department at Naval Hospital, Oakland, and the personal contact with his staff.

"I liked teaching and working with people, helping other doctors learn their specialties in the clinics and the operating rooms," the captain explained. "There is something about Naval Hospital, Oakland, that is unique. I think it is the way people work together and take care of each other, and the cooperation between the chiefs of services."

"People in Washington, D.C., many of whom have never been to Oakland, have often talked about closing the hospital here," Capt. Strom noted. "Probably more people who have finished their residencies at

Oakland have decided to stay in the Navy than from the other naval hospitals. In fact, about 60 percent of the physicians teaching the otolaryngology specialty in naval hospitals today are products of residency training at Oakland."

One of Capt. Strom's proudest moments as a surgeon and teacher came in January when he accompanied Naval Hospital, Oakland senior resident, Lieutenant Commander Scott Griffies, to an academic awards presentation for graduate medical students at the Century Plaza Hotel in Beverly Hills, California.

"Lieutenant Commander Griffies was presented the top academic award and I had the honor of standing beside him as he received it," Capt. Strom said enthusiastically. "That is quite an achievement for him when you consider his work was judged alongside graduate physician submissions from such prestigious medical schools as Stanford and UCLA. It certainly shows what I knew for many years that Naval Hospital, Oakland, has quality training programs that are as good as any medical school in the country."

Ensuring that top quality graduate medical education continues and receives the support it needs from the echelon three level is one of Capt. Strom's goals as Northwest Region chief of staff.

"If we don't train our young Navy doctors to be proficient in specialized care that is necessary, then we aren't going to be able to get the job done in Navy medicine in the future," Capt. Strom explained.

"The medical departments as a whole in our Naval medical facilities—and especially throughout the Northwest Region—now have some of the sharpest and most devoted doctors, nurses and corpsmen that I've seen in my career," the captain stated. "Nobody is forced to be in the Navy—we are all serving on our own volition—and those dedicated professionals who are making Navy medicine their careers deserve the best support we can provide."

"You can have all the state-of-the-art computerized medical equipment in the world, but you still need knowledgeable, well-trained and skilled people to use it to provide quality treatment."

After receiving the phone call from NMPC asking him about moving into the GEOCOM chief of staff post, Capt. Strom spent several solitary days seriously considering the offer after he got over the initial shock.

He then went to talk to Captain T.F. Levandowski, Commander, Naval Medical Command, Northwest Region, to find out more about the job and why he was being considered for the GEOCOM's second in command.

"I was honest with Capt. Levandowski and told him that I wasn't particularly impressed with the GEOCOM," Capt. Strom said. "Capt. Levandowski patiently listen-



Captain Strom compares notes with his secretary Wanda Cappello. (Photo by JOC M.D. McGougan)

April 10, 1987

adventures

ed to my objections before he explained the job to me. He said that, although he didn't know much about me personally, he knew of my record. He specifically wanted a physician on his staff in the position of chief of staff, which normally would be held by a Medical Service Corps officer, and someone who had been a commanding officer." Capt. Strom has served as the RDMF Commanding Officer.

Reflecting back on the decision he finally made to accept the new assignment as Naval Medical Command, Northwest Region, chief of staff, Capt. Strom noted "it was one of the toughest things I did in my whole life" in telling the people at Naval Hospital, Oakland, he was leaving the "mainstream" of practicing Navy medicine to become involved in medical administration at a command he hadn't previously "believed in," the GEOCOM.

Capt. Strom admits there were some tears ("mostly my own") when he made the announcement to his staff in the Otolaryngology Department at the hospital that he would be leaving and making a major career shift.

"After working with these people for so many years, it was like leaving a big family," the captain stated. "But, putting things in perspective now, I can say that it was time for me to make a change."

Now, with four months of experience under his belt as Northwest

Region's chief of staff, Capt. Strom does not laugh at the idea of working in the GEOCOM. However, he has been known to smile on occasion. And, he is a believer in the mission of the GEOCOM.

He is quick to admit that looks are deceiving—especially from outside the command—and that several myths and misconceptions exist about the GEOCOM.

Capt. Strom is making every effort to dispel the untruths and set the record straight.

"Although it may seem that people disappear into the GEOCOM and no money ever comes out, my firsthand experience now tells me that is not the case," the chief of staff stressed.

"Just like at Naval Hospital, Oakland, the staff at GEOCOM is dedicated and works together well in a good team effort to accomplish many fine things on behalf of our people throughout the Northwest Region.

"There is considerable money, though never enough, being allocated—even though it may not always be evident outside GEOCOM—for good programs and projects that benefit everyone in the region and Navy medicine in general," he continued.

"The GEOCOM staff is a hard-working group of people who spend long hours on the job. I seldom see anyone slipping out for lunch at 11 o'clock."

The chief of staff is usually on the job daily at 7 a.m. and does not leave until at least 6 p.m. He rarely departs GEOCOM for lunch and, like many staff members, may have a "working lunch" at his desk.

"Being involved in Navy medicine has been a fantastic learning curve for me throughout my career, and that continues in my duties at the GEOCOM," Capt. Strom pointed out. "I learn something new every day, from Capt. Levandowski and the four assistant chiefs of staff on down and everybody else in between here at the headquarters and throughout the Northwest Region."

The chief of staff was particularly impressed with the organization and coordination developed by the GEOCOM staff, and then implemented and carried out at all levels in the Northwest Region, to get the hospital ship USNS Mercy underway on its humanitarian training mission to the Philippines.

"It was an outstanding effort of people displaying exceptional enthusiasm and total commitment that made the Mercy project work," Capt. Strom declared.

People and resources are the two main areas of concern and biggest challenges he faces in his role as Northwest Region chief of staff, Capt. Strom said.

"Being able to provide medical support for our medical providers in

the region is going to be a tremendous challenge," the chief of staff emphasized.

"This is going to become an even bigger issue in the future as we plan for the homeporting of more ships in the San Francisco Bay Area and Everett, Washington," he continued. "With the arrival of more ships will come more active duty personnel and their dependents who will require increased quality health care by additional top quality Navy health care providers."

In his "spare" time when he can retreat from the many medical matters in his busy schedule, Capt. Strom enjoys singing with his wife in the Messiah Lutheran Church choir in Hayward, snow skiing, sailing and surprisingly marathon running.

The chief of staff has competed in eight Oakland and San Francisco marathon runs in recent years.

"I just run to keep in shape," Capt. Strom said. "I don't compete with the expectation of winning or even doing that well. It is fun to go out and run, and to say that you finished the race. It also gives me time to think; I solve a lot of problems and conduct business while I am running."

As chief of staff and the "resident physician" for GEOCOM, Capt. Strom gives the impression he is determined to "run a good race" and "go the distance" in Naval Medical Command's "marathon" for quality people and programs in the Northwest Region.



Volleyball champs honored

Members of the Fil-Ams, championship team sporting a 17-1 record in the recent Naval Medical Command, Northwest Region, Intramural Volleyball Tournament proudly display their trophies. Captain T.F. Levandowski made the presentation at an awards ceremony March 26. The team Main O.R. was runner-up with a 16-2 record. Fil-Ams pictured left to right: Front row: PN1 Mark Gasacao, HM1 Ben Adona (captain), HN Andrew Javier and HM2 Martin Carongcong. Back row: HN Gino Tafito, PN1 Charles Stewart, ENS Winston Smith and HMC David Mathews (manager). Other Fil-Ams are W. Smith, Villamon Ballon, Angelito Binias, K. Frank and Bionisio Cruz. (Photo by HM3 Bobbie Brown)

IRS sets up new Hotline

Waiting for a tax refund check? If ten weeks have passed since filing a tax return and no refund check has arrived, the Internal Revenue Service has an automated telephone service for taxpayers to use when inquiring about their refunds.

Taxpayers will be able to call a special telephone number to find out

the status of their income tax refund.

For details on how to use this telephone service, see Tele-Tax in the instructions for Form 1040 or Forms 1040EZ and 1040A.

Taxpayers should allow 10 weeks from the date of filing before using this service.

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SKSA Richard Hankins
HN Mark Johnson
HM3 Matthew Jones
HM1 Dany Kohler
ENS Donald McKeag
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HM1 Dennis Page
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LN1 Kenneth Roberts
HM3 David Sohmer
HM3 Tracy Thompkins
HM3 Jaimes Troyano
LT Jamison Whiteman

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X-Ray School
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HA Amanda Larkins
HN Lorian Lewandowski
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HM2 Martin Carongcong
NAVMECOM NWR
HMC Dave Beck

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Federalists expand the orbit of Government

continued from page 4

to schemes of injustice? It will not be denied, that the Representation of the Union will be most likely to possess these requisite endowments. Does it consist in the greater security afforded by a greater variety of parties, against the event of any one party being able to outnumber and oppress the rest? In an equal degree does the increased variety of parties, comprised within the Union, increased this security. Does it, in fine, consist in the greater obstacles opposed to the concert and accomplishment of the secret wishes of an unjust and interested majority? Here, again, the

extent of the Union gives it the most palpable advantage.

The influence of factious leaders may kindle a flame within their particular States, but will be unable to spread a general conflagration through the other States: a religious sect, may degenerate into a political faction in a part of the Confederacy; but the variety of sects dispersed over the entire face of it, must secure the national Councils against any danger from that source: a rage for paper money, for an abolition of debts, for an equal division of property, or for any other improper or wick-

ed project, will be less apt to pervade the whole body of the Union, than a particular member of it; in the same proportion as such a malady is more likely to taint a particular county or district, than an entire State.

In the extent and proper structure of the Union, therefore, we behold a Republican remedy for the diseases most incident to Republican Government. And according to the degree of pleasure and pride, we feel in being Republicans, ought to be our zeal in cherishing the spirit, and supporting the character of Federalists.

—Publius.

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Smokers threaten health of non-smokers

Surgeon General C. Everett Koop recently issued the first U.S. Public Health Service report focusing solely on nonsmoker's health risks. The report's main conclusions are:

Involuntary smoking is a cause of disease, including lung cancer, in healthy non-smokers.

Children of parents who smoke, compared with children of non-smoking parents, have an increased frequency of respiratory infections, increased respiratory symptoms and slightly smaller rates of increase in lung function as the lung matures.

Simple separation of smokers and non-smokers within the same air space may reduce, but does not eliminate, exposure of non-smokers to environmental tobacco smoke.

The 332-page report, entitled *The Health Consequences of Involuntary Smoking*, is a critical review of the available evidence pertaining to the health effects of environmental tobacco smoke exposure on non-smokers.

According to the surgeon general, the larger and more scientifically controlled studies were the ones that had shown the strongest relation between the amount of environmental tobacco smoke and the degree of health problems.

In a letter to Vice President George Bush accompanying the report, Secretary of Health and Human Services Dr. Otis R. Bowen commented on the risk of children on smoking parents. "As a physician, I believe that parents should refrain from smoking around small children, both as a means of protecting their children's health and to set a good example to the child," he wrote.

And according to Surgeon General Koop, "It is the responsibility of the smoker to avoid exposing non-smokers to his or her cigarette smoke, and it is responsibility of those who control the work environment to ensure the safety of that environment. The simplest, most effective way to accomplish this protection is to establish a smoke-free worksite."

The surgeon general cited National Academy of Science estimates that environmental tobacco smoke is responsible for approximately 2,400 lung cancer deaths annually. He compared this to estimates that between 1,300 and 1,700 new cancer cases a year result from toxic air pollutants in the general environment.

Said Koop, "If this evidence were available on another environmental pollutant, other than environmental tobacco smoke, we would have acted long ago; to fail to act now on the evidence we currently have would be to fail in our responsibility to protect the public health."



Family Service Center hosts orientation

The NAS Alameda Family Service Center (FSC) announces a special orientation program for newly arrived military members and their families.

On Tuesday, April 15 the Welcome Aboard Orientation to be held from 9 a.m. until 12 p.m. in the FSC Conference Room.

The program includes a slide presentation about NAS Alameda and the Bay area as well as informa-

tion about earthquake safety, FSC programs, and other helpful information for new arrivals. Refreshments are served and the FSC subsidizes child care expenses for those in attendance.

To register for the program and to find out more about the child care subsidy program, please call the Family Service Center at 869-4111. Newcomer's Orientation is offered the third Tuesday of every month.

Navy begins new POV rule

Many Navy families are finding they will have to pay out of their own pocket to ship their second car during a PCS move because they are only entitled to one car shipped at government expense.

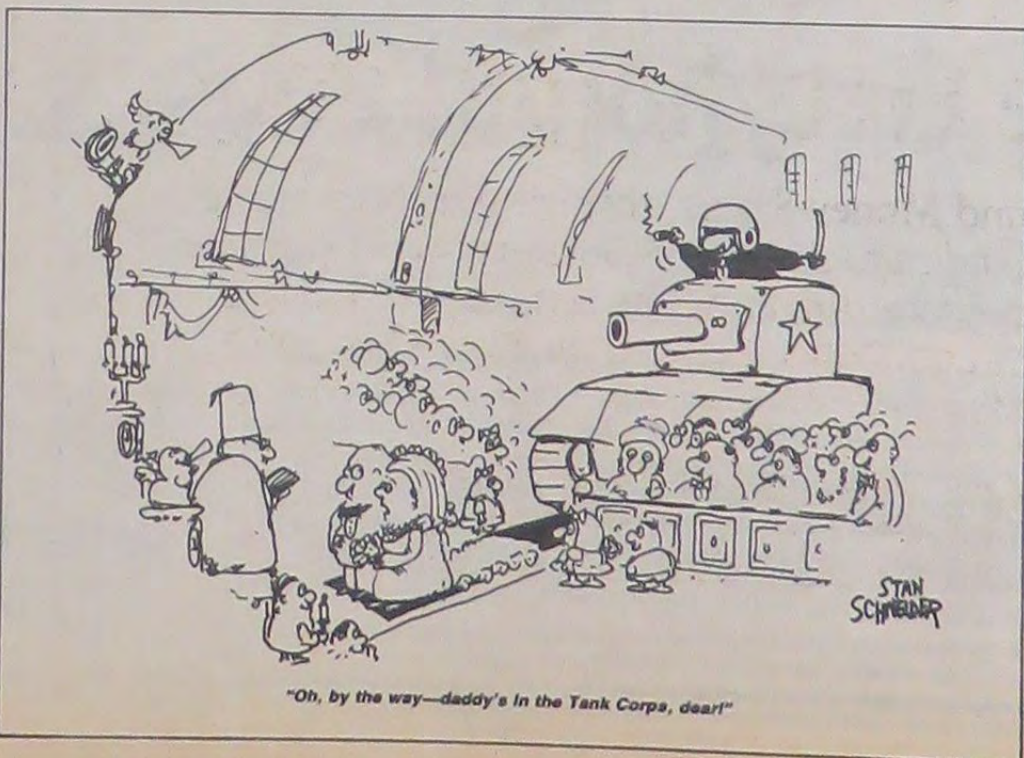
On PCS orders, one privately-owned vehicle (POV) can be shipped at government expense to and from most overseas duty locations. The government will also pay to ship one car to the new home port overseas or in the Continental United States if the ship's home port changes.

Also, the government does not pay for POV shipment within the United States except in cases where orders

do not allow sufficient drive time.

The one-car rule also applies where Navy people are given travel time, per diem and mileage for the drive to a new duty station. There are exceptions though. A member can drive a second car and receive travel mileage when the member has four or more dependents traveling by POV; if a family member is physically-impaired and a second car is required; or when the member's orders necessitate separate travel.

For information on shipping your vehicles, two publications may be very helpful: "It's Your Move," and "Shipping Your POV."



New tax laws may sting federal retirees

Federal workers will pay more federal income tax in their first few years of retirement as a result of provisions in the 1986 Tax Reform Act, which took effect July 1, 1986.

The tax bill took away a clause under which federal retirees did not have to pay income tax on their retirement pay until the amount they received equaled the amount they had contributed over the years to their retirement fund. This was based on the idea that employees should not be taxed twice—on the salary, then on the retirement income.

This principle still applies under the new bill, but in a different way. Only a small part of the retirement pay each year is considered tax-free; the rest is fully taxable. Determined at the time the worker retires, the tax-free amount is based on what the employee contributed to the retirement fund and how long that employee is expected to live.

New unisex life-expectancy tables for computing the tax-free amount are being compiled by the Internal Revenue Service. However, the following example uses a 1985 table, which should be fairly close, even though it uses separate figures for males and females.

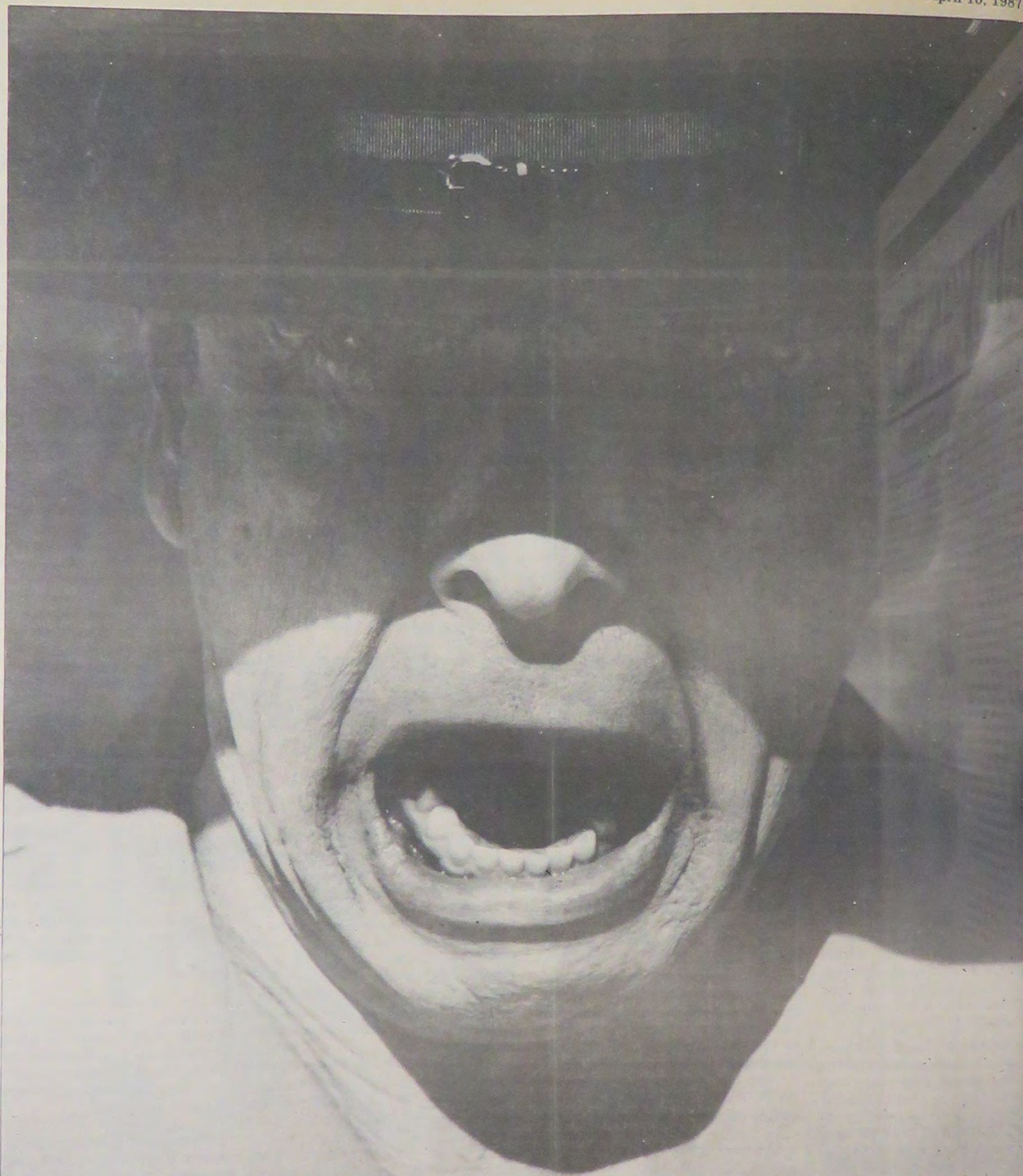
Assume that a male employee retires at 60. His life expectancy according to the table is 18.2 years. He has contributed \$35,000 to the retirement fund during his career and, on the basis of salary and years of government employment, qualifies for a retirement annuity of \$20,000 per year.

The amount the retiree would receive in 18.2 years is \$364,000. The \$35,000 he contributed is 9.6 percent of the expected lifetime annuity. As a result, the tax-free part of his retirement pay is 9.6 percent of 20,000, or \$1,920.

This amount remains fixed. If the retiree lives beyond 18.2 years and recovers the full amount contributed to the retirement fund, the tax-free part stops. If the retired pay increases through cost-of-living raises, the tax-free part does not increase.

"There is very little difference in the tax workers will pay over the years under the new tax bill," a retirement seminar director said. "It's just that under the old system, they had use of the tax-free money up front."

Government employees may have the option of taking their retirement contributions in a lump sum upon retirement and accepting a lesser amount of retired pay. The IRS is working out the details for doing this. It is expected, however, the part of the amount taken in a lump sum will be subject to tax.



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Norwester

RADM Cassells talks to the GEOCOM

The response to the new Dental Insurance Program slated to begin August 1 of this year is by and large favorable, according to Rear Admiral Joseph S. Cassells, Commander, Naval Medical Command.

"The dental program is more than we have now and it is a good thing," RADM. Cassells noted. "I think you can expect that as we get into the dental insurance program that as much as CHAMPUS has grown over the years with increased benefits, there will be tremendous pressure to increase the kinds of coverage that come under the plan."

RADM. Cassells made the comments in an interview with the *Norwester* at

quirements to provide care.

"It is obvious we don't have enough resources to provide care to all our beneficiaries in the quality manner we wish to do so. We need help to do that. Help is going to come in the form of additional money. We are not going to get additional manpower."

How would additional money be used?

"We can use money 'to buy' work load if you will, the productivity, or the productiveness, of providers and support personnel so that we can make our own providers more efficient," RADM. Cassells replied. "We can buy clerical support; we can buy additional nurses; we can buy or contract for laboratory functions—we don't have enough people of our own to do that."

Regarding the issue of supplementing Navy medical facilities, RADM. Cassells stressed that "I want to see us maximally utilize our existing facilities; I don't want to contract with the hospital out in town if we can contract for personnel to come into our building and provide the service on-site. That's the kind of contracting and the alternatives that I see us doing."

"We have to live in the 'real world,'" the admiral emphasized. The 'real world' says we aren't receiving any more manpower of any significant numbers. So, we are going to have to provide that care with alternative sources.

"We might get money," RADM. Cassells said, his words trailing off in a way that left the statement cast in doubt.

RADM. Cassells views the emergent NAVCARE clinic as one alternative source of "first aid" in trying to remedy the resource/manpower shortfalls. Under the NAVCARE clinic concept, patients requiring primary care could use on a walk-in basis, a local NAVCARE clinic—civilian health care providers contracted by the Department of Defense.

"I think the NAVCARE clinic is the first of the steps we will be taking—the first manifestation—of the kind of contracting steps I'm talking about," RADM. Cassells explained. "The NAVCARE clinic provides increased access to care."

"It's primary care, and we get first referral out of that," he continued. "Our hospitals need that, particularly our training hospitals, so that those patients aren't lost to us without being referred elsewhere within the system. We determine whether we can handle the referral or not, but we have first shot."

When asked if the NAVCARE clinic was a permanent fix or a Band-Aid until other ways are found to provide health care, RADM. Cassells answered: "... (it) is a permanent sort of thing; it fits very neatly into this whole contracting initiative. The whole idea is to keep as much

within the system as possible with the assets available."

RADM. Cassells emphasized that active duty assets have to be lined up in accordance with Naval Medical Command priorities, which have been discussed for years and remain unchanged. Those priorities are: the operational forces first followed by, in order, overseas facilities, medically isolated facilities in the United States, training hospitals and then everything else.

"Our training hospitals have a high

priority because that is where we get the providers that go everywhere else for us," RADM. Cassells pointed out. "Training is not a luxury; we depend on training."

RADM. Cassells said that, from his post in Washington, the most significant contribution made to Navy medicine by Naval Medical Command, Northwest Region, during the last year has been "the absolutely splendid job they (people throughout the region) have done relative to the operation demonstration of the

Please see page 2



Rear Admiral Joseph S. Cassells speaks to the Northwest Region in this, the first of a three-part series. (Photo by Howard Thomas)

Naval Hospital, Oakland on April 6. He made calls on Captain T.F. Levandowski, Commander, Naval Medical Command, Northwest Region, and Captain A.M. Martinson, Commanding Officer, Naval Hospital, Oakland, during a four-day visit to the Bay Area.

During RADM. Cassells' visit, the Department of Defense was signing a \$121 million contract with Delta Dental of California to administer the new dental insurance program. (See related story this edition of *Norwester*, page 4, for more details about the new insurance program.)

"We will continue to see the space-available emergencies as we have before because the plan does not cover those," RADM. Cassells added. "I don't see a major effect on our in-house facilities because of the dental insurance plan nor a change in personnel, either with dental officers or dental technicians."

RADM. Cassells said the biggest challenge that commands and personnel of the Northwest Region face in the near future is "the same that everyone else has within the Navy medical department: trying to match our resources against the re-



Dental special feature on pages 4 and 5

Lieutenant Commander Sharon Baker (far left) conducts dental exam on Chief Mess Management Specialist Diosdado Dulce aboard the cruiser USS Arkansas. Captain David L. Pfeifer (center), Executive Officer of Naval Dental Clinic, San Francisco, and Director of the Fleet Liaison Dental Support Program, discusses crewmen's dental record checks with Lieutenant J. Chris Osgood (far right), ship's medical officer.

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News

CHAMPUS update Aversion therapy test program begins

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is conducting an alcoholism treatment demonstration project at the Schick-Shadel Hospital in Fort Worth, Texas. On February 1, CHAMPUS began sharing the cost of chemical aversion therapy at this facility for the treatment of alcoholism.

In last year's Defense Appropriation Act, Congress directed CHAMPUS to conduct a demonstration project comparing chemical aversion therapy with other forms of treatment, confining the demonstration to one location. CHAMPUS chose Schick-Shadel Hospital in Fort Worth because of its extensive experience with chemical aversion therapy.

Chemical aversion therapy uses drugs, along with alcoholic beverages, to produce nausea, vomiting and other symptoms. After several treatments, the patient learns to associate the disagreeable effects with the alcohol and develops an aversion to alcohol. Except for the Texas demonstration project, CHAMPUS does not cover chemical aversion therapy.

CHAMPUS beneficiaries must be 21 years old or more to be eligible for services at Schick-Shadel, but they need not

be Texas residents. Patients will not need prior approval before receiving chemical aversion therapy, but CHAMPUS expects the facility to screen each patient before beginning treatment in case there are physical conditions present that could make aversion therapy risky.

CHAMPUS is not conducting clinical trials of chemical aversion therapy in this demonstration project.

All admissions for aversion therapy that occur between February 1, 1987, and July 31, 1987, will be included in the demonstration project. CHAMPUS will compare the cost of those admissions with the cost of admissions for other types of therapy over the course of a year following treatment.

CHAMPUS families should be aware that CHAMPUS will share the cost of chemical aversion therapy at Schick-Shadel until the final report on the project is submitted to Congress, which is expected to be in the fall of 1988.

In a separate action, CHAMPUS has asked the Public Health Service to study the safety and effectiveness of chemical aversion therapy in treating alcoholism. CHAMPUS expects the study to be released in mid-1987.

RADM Cassells on the Mercy

Continued from page 1



Rear Admiral Cassells responds to questions by Norwester's JOC Mike McGougan. (Photo by Howard Thomas)

hospital ship and just generally getting the USNS Mercy on its way.

"The challenges were met beautifully," the admiral praised. "The biggest challenge, of course, was getting Mercy equipped, getting the goods on board and properly stowed."

"The most important element as far as I was concerned—the thing that impressed me the most—was the motivation and enthusiasm on the part of the Naval Hospital, Oakland, to get that job done well."

RADM. Cassells related that Mercy is performing its humanitarian training mission in the Philippines "beautifully" and he expects the hospital ship to return to its home port at Oakland's Naval Supply Center later this summer as schedul-

ed. Will Mercy have another mission similar to its current deployment to the South Pacific?

"I don't know," the admiral responded, "but I think it is not unreasonable to expect that these ships (Mercy and her sister ship, USNS Comfort), because of their capabilities, will be used from time-to-time in missions of the sort that we are seeing in the Philippines."

RADM. Cassells stated that he "would be very surprised" if the USNS Comfort does not deploy for a humanitarian mission as part of its training process. He said such a humanitarian training cruise could take Comfort to the Caribbean coast of Africa or South America.

Seminar held for Special Education

A spring parent workshop regarding children's special education will be held at the Emeryville Holiday Inn on May 4 at 7:30 p.m.

Patrick Campbell, the new director of the California Department of Education, Division of Special Education, will be the main speaker.

The topics for the presentation will in-

clude: mainstreaming, integration, and Coordinated Effort Program of the California Department of Education. Child care may be provided if there is enough demand.

To register for the workshop, contact the Alameda Unified School District Special Education Department at 865-2355.

DoD housing policy clarified

Housing policy is a frequently misunderstood program. Service members are not entitled to housing. Members are entitled to Basic Allowance for Quarters (BAQ) and Variable Housing Allowance (VHA).

All military members (married and

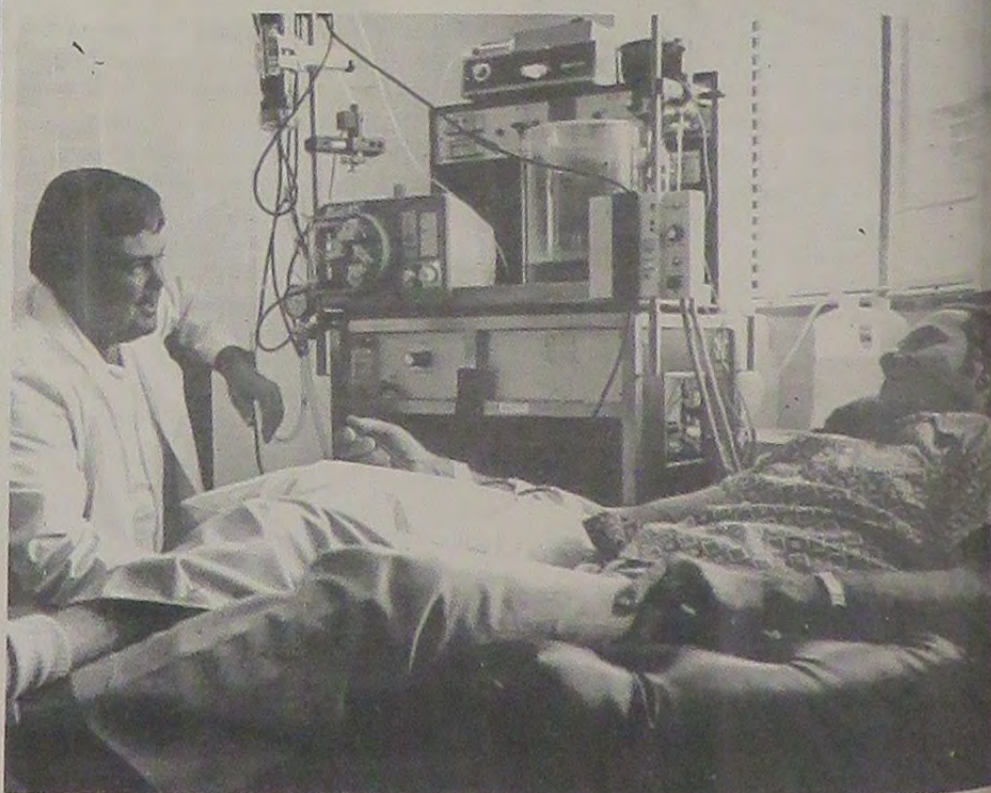
single) with dependents, including single parents attached to deployable units, are eligible for military family housing. While all are eligible, priority for obtaining housing is different for certain paygrades and job circumstances. Paygrades E-1 through E-3, whose highest priority is four, have little chance of obtaining military family housing, except in isolated locations where the only housing is on-base housing, such as Guantanamo Bay, Keflavik and Adak.

Department of Defense (DoD) policy states that the civilian community is the primary source of housing for military personnel. Military family housing is provided only in areas where the civilian community cannot provide adequate housing to military families.

Families of members assigned overseas on unaccompanied tours are allowed to remain in military family housing while the member is overseas.

Members married to members, neither drawing BAQ and both assigned to ships homeported in the same location, may be assigned to military family housing. If both members are simultaneously deployed, they are not required to vacate housing.

PCRs service hospital and patient



Patient Contact Representatives (PCRs) are liaisons between patients and the hospital.

They represent the hospital not only by interpreting the hospital's policies and procedures, but also by explaining services to patients and families.

The PCRs provide a channel for patients to voice grievances, seek solutions to problems and express unmet needs. PCRs are available in every department and clinic of the hospitals and branch clinics. They can be identified by a yellow badge.

By acting on behalf of the hospital, they can coordinate among the departments to improve services to patients. PCRs also inform patients of the

availability of military medical services and ways to best obtain them.

Patients' complaints and concerns can uncover snags in the systems of good patient services. These complaints can result in positive changes.

The intent of the patient contact program is to humanize the hospital experience for patients by assisting them in understanding what is happening to them.

Every staff member represents our hospital and the commanding officer. Likewise, patients are expected to extend similar courtesies to health care providers in order to both enhance patient/provider relationships and to coordinate care services.

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGougan
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson
AV: 317-692-4178

Branch Clinic Stockton
HMCS G.W. Chraska
AV: 466-7445/6

Branch Clinic Alameda
HM3 Richard Demerest
(415) 869-4314

April 24, 1987

New retirement system made easy

By Hal Haskins
Armed Forces Information Service

The new Federal Employees Retirement System went into effect January 1, 1987, and affects more than one million Federal employees. It automatically covers new government employees hired after December 31, 1983. Those hired before that date can transfer to the new system or can remain covered under the older Civil Service Retirement System and receive any Social Security benefits earned for non-federal employment.

The new system has three components:

1. Social Security benefits;
2. Basic benefit plan;
3. Savings plan.

Under the Federal Employees Retirement System, you pay full Social Security taxes and a small contribution to the basic benefit plan. In addition, you can make tax-deferred contributions to a savings plan, a portion—up to five percent of your salary—matched by the government.

Following is a summary of the Social Security benefits.

You are eligible for two types of Social Security benefits under the Federal Employees Retirement System: (1) Old-age, survivors and disability insurance, which replaces a portion of earnings lost as a result of retirement, disability or death; and (2) Medicare hospital insurance, which pays a portion of hospital expenses incurred while you are receiving Social Security disability or retirement benefits.

Old-age survivors and disability insurance

Benefits include:

Monthly payments if you are retired, have at least 40 quarters of coverage under Social Security and have reached at least age 62. Monthly payments during your retirement are also made for your spouse and dependents if they are eligible.

Monthly payment if you become disabled and payments for your spouse and dependents if they are eligible during

your disability;

Monthly payments for your eligible survivors; or

A lump sum payment upon your death.

The amount of monthly payments is based on three factors:

1. Average earnings upon which you have paid Social Security taxes;
2. Number of dependents in your family; and
3. Consumer Price Index changes.

If you are receiving Social Security payments while under the age of 70 and have other earnings that exceed specified amounts, your payments will be reduced or stopped. There are no special Social Security rules for Federal Employees Retirement System participants, including those who transfer into the system.

Most of the Social Security cost is paid through payroll taxes. You pay a percentage of your salary, up to a specified earnings amount called the maximum taxable wage base, and the govern-

ment, as your employer, pays an equal amount.

The maximum taxable wage base is \$43,800 in 1987. It increases automatically each year, based on the yearly rise in average earnings of the American work force.

The percentages of your wages paid for old-age, survivors and disability insurance coverage are:

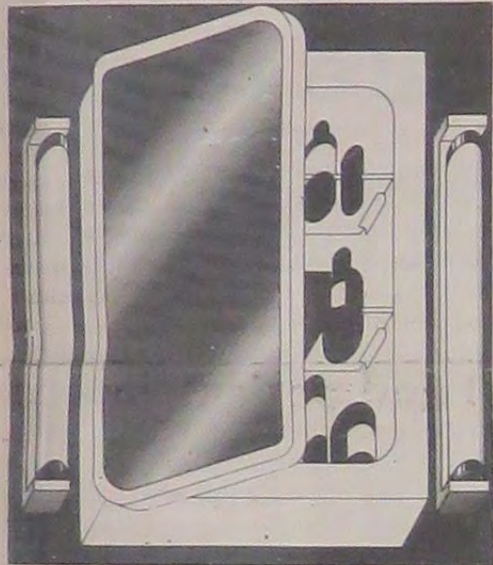
1986 and 1987	5.7
1988 and 1989	6.06
After 1989	6.2

Medicare Hospital Insurance

The Medicare portion you and the government each pay is equal to 1.45 percent of your salary, up to the maximum taxable wage base. No increase is scheduled.

For further information about Social Security benefits, contact your Social Security office. Note that no special Social Security rules apply to Federal Employees Retirement System participants, including those who transfer from the Civil Service Retirement System.

Safety: Beware of poisons around your home



During the past 27 years, deaths of children under five due to poisoning have been reduced significantly. The tidbits of similar products. This misleading information helped him convince his Congressman to introduce national legislation for increased public awareness of accidental poisonings.

campaign to publicize the problem initiated with a pharmacist named Homer George in 1950. He brought to light differing instructions on an-

ed potential we have of coming into contact with a harmful substance. There are thousands of products which could poison an adult, child or pet. Many of these products can be found in our homes.

Parents worry about small children swallowing adult medicines or household cleaning supplies. Children learn by touching and tasting, so it is wise to be concerned. Safety locks on cabinets with potentially harmful products inside (i.e. medicine chests and cleaning supply cupboards) will help diminish the risk of accidental poisoning.

Poison prevention and awareness are also important for adults. Many home mechanics work with substances potentially harmful such as motor oil or brake fluid. Be aware that fatigue and carelessness are

common causes of injury. Always keep the poison control number on hand and don't hesitate to phone if you splash an industrial fluid in your eyes or have a reaction to a substance.

Pets are also at risk to accidental poisonings. How often have you splashed antifreeze on the garage floor or in the street? Dogs and cats seem to be particularly attracted to the taste of antifreeze, and it only takes a small amount to kill them.

Treatment may be possible, but timing is critical. The best way to safeguard against poisoning is to take extra care when working with antifreeze (or any lethal product). Wipe up spills and hose down the area thoroughly. Mention it to your home mechanic next-door. It also helps to know where your children and pets are at all times.

Drop by the Family Service Center at NAS Alameda and pick up your Poison Lookout Checklist.

Summer: a time to think camp

Summer is around the corner. Does the thought of having your kids home all day make you feel exhausted already?

Well, a solution is at hand. Approach your children and ask them if they would be interested in attending camp. Perhaps their best friends are going.

Summer camps let kids experience new places and meet new challenges. Children often participate in activities such as, horseback riding, or mountain climbing. Summer camp is also a great place to meet new friends or renew good

times with old ones. Some camps even offer family-style weekends or outings.

The Family Service Center (FSC) at NAS Alameda has camp brochures and flyers to help you and your kids select the right summer camp. Stop by the FSC lobby Monday through Friday, 8 a.m. to 4 p.m. Copies of applications, fee information and camp brochures are available.

Also, don't forget the Youth Center on NAS will be offering a summer camp program. Call 869-4042 for more information.

April is Month of the Military Child

Last year, Secretary of Defense Caspar W. Weinberger issued a proclamation declaring April 1986 and henceforth every April as "The Month of the Military Child."

As Weinberger noted, "Annually, the National Association for the Education of Young Children (NAEYC) proclaims the first week of April as the 'Week of the Young Child.' During this week, local NAEYC affiliate groups focus public attention on the issues concerning young children and society's responsibility to children."

"To support the NAEYC effort, I encourage each service to develop promotional materials and plan events that emphasize the importance of providing children quality services covering all facets of their lives. Although many military activities may become involved, I anticipate that your Child Care and Youth Activity Offices at the departmen-

tal and installation levels can best coordinate these activities.

"I ask you to publicize this program and develop initiatives that will benefit military children now and in the future."

The National Association for the Education of Young Children has 55,000 preschool educator members in the United States and overseas. Most of the association's overseas members are childcare professionals on United States military installations. The idea of a special month to recognize that military children face special challenges as well as benefit from unique opportunities for growth and experience was originated by some of these overseas members.

The Department of Defense has observed the Month of the Military Child since 1983 and many installations schedule special events and programs for military families throughout the month.



Dental Special

New oral health plan for military dependents

Beginning August 1, 1987, families of active-duty military members who accept voluntary enrollment will enjoy the benefits of the new Department of Defense dental program.

Under a contract that was awarded by the Department of Defense to Delta Dental of California earlier this month, a small monthly premium deducted from the active-duty sponsor's paycheck will entitle his or her family members to receive diagnostic services, oral examination including x-rays, and preventive dental services including teeth cleaning and fluoride treatment at no additional cost from civilian dental care providers. The premium will be \$3.93 a month for families with one dependent and \$7.86 for families with two or more dependents.

Additional services such as cavity fillings, stainless steel crowns for primary teeth, and repairs to dental appliances such as false teeth will be cost-shared by the government and active-duty families. The families will pay 20 percent and the government will pay 80 percent of the charges for the services mentioned above.

Among the dental services not covered are: orthodontia (braces), tooth extractions, root canals, porcelain or gold crowns, dentures and cosmetic dental procedures.

Active-duty families on the Defense Enrollment Eligibility Reporting System (DEERS) were enrolled automatically starting earlier this month. Service members with dependents who desire not to participate can avoid having the premium deducted from this pay by filling out a form before June 30. The form is available at local personnel offices' disbursing sections.

After initial enrollment all changes of enrollment are the responsibility of the military member. Military members must make specific requests to enroll children under four.

Active-duty military members themselves are not eligible for this new program, only their dependents who live in the 50 states, Puerto Rico or the Virgin Islands. The dental insurance program will not be available to retirees, their dependents or military families overseas.

Unenrolled dependents may use military dental facilities on a space-available basis. Program enrollees must use the civilian dental care providers; however, they may use military facilities on a space-available basis for emergency care or for services not covered by the program.

Program enrollment is for two years, except when a family is transferred to duty stations where dental care is provided to dependents at military treatment facilities.

The first premium will be deducted in July for benefits beginning August 1. Only services obtained from civilian dentists on or after August 1 are paid by the civilian dental program.

DoD officials had sought congressional approval of a civilian dental insurance plan for many years for active duty dependents because treatment was not always available for them at military dental clinics and they could not always afford civilian care.

Under the \$121 million contract, Delta Dental Plan of California is to use a na-

tional network of civilian dentists and dental hygienists who agree to provide the preventive and routine dental care to the 2.1 million active duty dependents expected to enroll at no cost to the patient.

Patients enrolled in the plan can seek care from dentists outside the network but will be required to pay 20 percent of the cost that the contractor considers appropriate for that area, plus all costs in excess of that limit.

Delta Dental of California, a 30-year old insurance firm headquartered in San Francisco, is one of 45 Delta Dental plans nationwide. The California firm will be responsible for administering the insurance plan and processing claims from other states.

Enrolled dependents who seek care from network dentists will not be required to file claim forms or pay the full dental bill first and file for reimbursement afterward. The dentist will complete the form and submit it; the patient will be required only to pay the 20 percent co-payment for certain services, according to a spokesman for Delta Dental.

Traveling dental program brings care to ship



Crewmen of the guided missile cruiser USS Arkansas help carry portable dental equipment from their ship at Naval Air Station Alameda following a "call" by a Fleet Liaison Dental Support Program team to provide personalized care on board.



Dentalman Tray Bassett (far left) assists Lieutenant Commander Sharon Baker, the dentist, in carrying out basic examinations on a patient aboard USS Arkansas.

Story by JOC Mike McGougan
Photos by AN Deborah Davis

An innovative program by Naval Dental Clinic, San Francisco, to bring personalized care to sailors aboard Bay Area ships without full-time dental departments is resulting in crewmen with bigger, more healthy smiles.

The Fleet Liaison Dental Support Program has the commanding officers of 16 participating surface ships and seven submarines smiling too.

The "ship calls" by traveling dental teams, unlike a doctor's house call that benefits only the patient, provide a time-saving as well as cost effective service that aids the Navy, the ship, the Naval Dental Clinic along with the individual crewmen.

Prearranged appointments aboard ship only slightly disrupt the busy routine of the crew, but more importantly, provide the opportunity for crewmembers to be examined on-the-job by dentists and dental technicians.

"By dental teams providing this service in our Medical Department we have been able to save hundreds of man hours of work," Captain C. R. Twardy, Commanding Officer of the guided missile cruiser USS Arkansas, commented in praise of the fleet dental program.

"The crew likes the program because they feel like they have their own dentist, and they feel like they are getting personalized care," Capt. Twardy continued. "As the class 4 dental exams take about ten minutes each, we save over one hour of the work day for each man seen aboard Arkansas as opposed to walking over to the Naval Air Station Alameda clinic and back.

"We appreciate the work Lieutenant Commander Baker [Lt. Cmdr. Sharon Baker leads a dental team from the NAS Alameda Branch Clinic that conducts dental appointments aboard USS Arkansas] is doing for us. This is a working example of 'service to the fleet.'"

Since the dental program was launched on a regular basis eight months ago, dental teams have made calls aboard eight ships. More visits are scheduled on

a continuing basis in the future.

Other branch clinics participating are Treasure Island, Mare Island, Concord Weapons Station and Supply Center Oakland.

Ammunition ships based at the Concord Weapons Station consistently utilize the traveling teams to obtain personalized dental care. Cruisers at NAS Alameda, oiler/supply replenishment ships at NSC Oakland and submarines at Mare Island Naval Station are all on the appointment list, too.

A dental team from the Treasure Island clinic has been involved for more than a month in a project to assist the Dental Department of the helicopter carrier USS New Orleans. When the ship went into an overhaul at a San Francisco shipyard recently, dental service was halted.

Naval Dental Clinic, San Francisco, came to the rescue by dispatching a team with the command's mobile dental trailer. The trailer, which gives the dental team the capability of filling cavities and cleaning teeth, was installed on a barge adjacent to the New Orleans. Dental care for the helicopter carrier crewmen is continuing thanks to the support program.

The traveling dental teams have also provided support to the land-based Navy airdale community by journeying 85 miles south of Sacramento to the Navy Auxiliary Landing Field, Crows Landing, to conduct examinations.

Inspired by the Fleet Liaison Dental Support Program concept of taking service to where the need is, the Naval Dental Branch Clinic at Naval Air Station, Lemoore, has established a "satellite office" in a hangar allowing squadron personnel to receive individual care near their jobs on the flight line.

The dental program is not a new concept in Navy dentistry, however, it had not been applied consistently aboard Bay Area ships until Captain David L. Pfeifer, Executive Officer, Naval Dental Clinic, San Francisco, revived and revised it eight months ago.

"We now have a Dental Liaison Officer assigned to each Bay Area ship that does not have a Dental Department."

You can save a knocked-out tooth

By Lt. Cmdr. Thomas Walker
Naval Dental Clinic, Bremerton

Various types of accidents can lead to the traumatic loss of a tooth, anything from cycling to driving. In many cases quick treatment can save the tooth.

Replace a knocked-out tooth back into the socket as soon as possible. First, you must find the tooth. Once located, use caution; try to hold the tooth by the crown, keeping your fingers off the root portion. Carefully remove any dirt or debris before attempting to replace the tooth in the socket. Scrubbing or scraping the root must be avoided. Gently place the tooth into the socket, then, see a dentist immediately.

If it is impossible to replace the tooth, it can be stored in several ways until seeing the dentist. It is most important to keep the tooth moist. A cup of milk is best. Use water if milk is not available. If

no milk or water is available, the tooth can be placed in the mouth next to the cheek. Getting to the dentist within 30 minutes gives you the best chance of saving your tooth.

Once at the dental office, the dentist will replace the tooth if it has not yet been replaced. An x-ray will be taken to confirm the correct position of the tooth. A splint put on the teeth will keep the replaced tooth in position. If the tooth has been on the ground, a dentist may recommend a tetanus booster shot and possible antibiotics.

After about two weeks, the splint is usually removed. Root canal treatment is begun on the tooth. The long-term survival of the replanted tooth can vary from several months to a lifetime. The most important factor is getting the tooth back into the socket as soon as possible.



Dental techs praised on birthday

By Rear Adm. Richard G. Shaffer
Chief of Dental Corps

Your rating was established 39 years ago in response to a need for highly trained and skilled personnel in the increasingly sophisticated field of dentistry.

Little did we know how sophisticated and successful Navy dentistry would become, and how much would be demanded of you.

Today much is expected and demanded of you as you become many things to many people. For our patients, you are the first and last people they see; the one who schedules them, solves their problems, answers their questions, and ensures their comfort. For the dental officer, your mind, hands, and eyes become integrated with his to form a precision team. A team providing state-of-the-art oral health care. To the clinic director, you are the person who keeps us supplied, motivated, enthusiastic and professional.

ews

Capt. Pfeifer said. "We are sympathetic to the dilemma that the commanding officers of these ships are caught in. To deploy overseas, ship's company must attain 80 percent dental readiness. However, the captain can't afford to lose valuable man hours sending his crewmembers back and forth to the dental clinic.

"The Fleet Liaison Dental Support Program helps commanding officers by conducting a review of the ship crew's dental records and completing routine exams aboard ship 90 days prior to deployment," Capt. Pfeifer explained.

"During the POM [Preparation for Overseas Movement] period 30 days prior to deployment, we coordinate the treatment of all crewmembers requiring dental care," Capt. Pfeifer continued. "We may bring one of our field units on board to treat patients, or at least ensure that they get appointments at the nearest dental clinic.

"Since our program began, every ship we have provided support to has deployed with no less than 90 percent dental readiness," Capt. Pfeifer stated proudly.

"Thanks to the fleet dental program, we deployed with 96 percent readiness last deployment and had no dental emergencies," Lieutenant J. Chris Osgood, USS Arkansas Medical Officer, added.

Part of the pre-deployment care for the ships is a requirement that all crewmembers receive a Pan-O-Rex screening. The Pan-O-Rex takes a radiograph "picture" of the patient's entire mouth. This is useful not only in diagnosis of dental problems but in forensic identification of the service member.

The fleet liaison dental program coordinates with the ships to resume care and treatment of crewmembers even before the deployment is complete. The ship sends a message to Naval Dental Clinic, San Francisco, prior to its return to the Bay Area to outline dental requirements of its crew.

Senior Chief Dental Technician Ira Hayes, coordinator of the Fleet Dental Support Program, arranges with Capt. Pfeifer and the appropriate branch clinic the earliest possible appointment following the ship's return for a dental team visit.

One of the challenges of coordinating shipboard visits by the dental teams is ensuring that dental officers are properly credentialed to treat patients on a specific ship.

"We have to get all dental officers going aboard ships proper credentialing through the dental officer on the staff of Commander, Surface Force Pacific (SURFPAC) in San Diego," Capt. Pfeifer explained. "Fortunately, SURFPAC's dental officer is Captain Barry Benn, who is the former Director, Headquarters Clinic, San Francisco. He has been very cooperative and supportive of our fleet program, especially assisting us in the credentialing process.

"I'm trying to work out the details now for getting our Reserve Dental Officers credentialing so they may also participate in the fleet dental program," Capt. Pfeifer said.

Members of the dental teams are unanimously positive about participating in the fleet support program.

"I enjoy the opportunity to get out of the clinic and go aboard ship," Lt. Cmdr. Baker said enthusiastically. "Participating in the fleet support program expands my career achievements in the dental officer community."

Lt. Cmdr. Baker has treated the crew of the cruiser USS California in addition to the USS Arkansas. However, practicing dentistry aboard ship is not a new experience for her. She served a two-year tour aboard the destroyer tender USS Jason, including a 1985 deployment in the Indian Ocean.

"I like the change of pace coming aboard ship, but I miss not knowing the crew like I did when I was an actual

Please see page 6



Dental Technician (Repair) First Class Robert Talbert (left) and Senior Chief Dental Technician Ira Hayes, both of Naval Dental Clinic, San Francisco, disassemble portable x-ray unit aboard USS Arkansas as part of the Fleet Liaison Dental Support Program.

Traveling dental program Continued from page 5

crewmember aboard Jason," Lt. Cmdr. Baker related. "It is rewarding to provide the support on the ship because I know that the training, operation and maintenance schedule does not allow much time in port. But it does give us time to really see them in great quantity to take care of their dental needs."

Dentalman Tracy Bassett of the NAS Alameda branch clinic, who accompanied Lt. Cmdr. Baker on visits to both the California and Arkansas, said she learned from the experience of going aboard ship to provide dental care to fleet sailors.

"I used to wonder why some of these guys from the fleet would come into the clinic in dirty dungarees," Dentalman Bassett related. "Having been aboard ship now, I know what the situations are like and realize that the crew is so busy working that there isn't always time to

put on a clean uniform before hurrying over for a dental appointment.

"I think all dental technicians should have a chance to experience going aboard ship and treating patients there," Dentalman Bassett stated. "You get a different perspective."

"It is an honor for dental technicians to be selected for a team serving aboard ship as part of our Fleet Liaison Dental Support Program," Senior Chief Hayes noted. "We send only our most outstanding dental technicians on these assignments."

From the reaction of the Arkansas crew, it is obvious the men feel honored to have the personalized dental care provided through the Fleet Liaison Dental Support Program. It shows in the bigger, more healthy smiles they have been displaying in recent days.

Navy Ball a success

The annual Oak Knoll Officers' Ball provided honored guests and attendees with a most enchanting and enjoyable evening; Admiral Cassells was delighted, Captain Levandowski was complimentary, and Captain Martinson was a perfect and most gracious hostess. The Ball Committee, guided by the Hospital Executive Officer Captain Jack Bouvier and chaired by Commander Ernie Hey, did a superb job of overseeing all of the arrangements necessary to orchestrate the pleasant evening. They were most ably assisted by members of the Naval Hospital Social Committee.

The evening began as guests were received in the torch-lit courtyard on the quarterdeck gangway by Captain Martinson, Admiral Cassells and Captain and Mrs. Levandowski in the official receiving line, with Commander Hey and Lieutenant Jamie Whiteman assisting. The cocktail hour was warm and convivial, as guests enjoyed mingling and socializing with Admiral Cassells and other dignitaries, taking the rare opportunity to be together in such a relaxed atmosphere. The gentlemen were resplendent in their Mess Dress Blue Dinner Jackets and their ladies were absolutely smashing in ball gowns and formal dress.

Among guests representing the Northwest Region in addition to those

already mentioned were Captain and Mrs. Jim Smith (ACOS Logistics); Captain Selectee Ann Rawley and her retired Marine Corps Colonel husband, Frank; Commander Richard Hilderbrand, Commanding Officer, Naval Drug Screening Laboratory; and Lieutenant David Bates, Officer in Charge of the Mare Island Branch Clinic. The Naval Hospital was represented by a list of staff "Who's Who," led by Captain and Mrs. Jack Bouvier, both of the Captains' and Mrs. Jack Bartlett, Captain and Mrs. Ricci Larese, Captain June Riddell, Captain and Mrs. Ron Klayton, Captain and Mrs. John Young, Commander and Mrs. Mike Little, and some 140 others who ate, drank and made merry, showered with the attention of the Officers' Club staff.

After brief, informative post-dinner remarks by Admiral Cassells, the highlight of the evening was a slide presentation made by Captain Martinson, depicting life aboard USNS Mercy. The presentation was enjoyed by all, a reminder of our shipmates at sea. Finally, with an excellent dinner over, guests were treated to the smooth sounds of the NAV-BASE San Francisco Combo. Many proceeded to "dance the night away."

It was an evening to be remembered by all.

Eating on the run

By Jonathan Seth Arnowitz

The military is constantly on the run, so are the civilians; in fact, I had to run out of the office at least three times before I finished this article. Well, at any rate, the need has arisen for a quick meal that is not only nutritious, but also capable of being eaten literally while on the run. Enter the food that is acclaimed in major metropolises all over the country. From Grass Valley, California, to the Upper Peninsula of Michigan, the beef pastry is the meal to eat on the go.

The beef pastry is a tasty source of not only fiber, vitamin C, and protein, it also serves the needs of people who must eat on the run and not with a lot of time to prepare. Pastries can be made in advance and either frozen raw and reheated when needed or stored, cooked and reheated quickly for a quick main dish served with gravy.

Here is a quick and easy recipe for pastries:

Pastry covering:

- 3 cups sifted flour;
- 3 tps salt;
- 1 cup shortening;
- water.

Sift flour and salt together. Cut in the

shortening until the mixture resembles cornmeal. Add water to make dough (about 1/2 cup). Roll the dough thin and cut in 6-inch squares.

Filling

2 cups of coarsely ground beef (either round steak, sirloin, chuck, boneless pork of loin, or any combination of the above meats);

1/2 cup of shredded or finely chopped carrots;

3-4 sprigs of chopped parsley (1/2 tsp dehydrated parsley)

1 chopped onion;

1 cup of chopped potatoes;

2 tps of ground black pepper;

1 1/2 tsp butter;

Salt to taste;

Leftover soup broth or bouillon for seasoning.

Toss meat and vegetables together in a mixing bowl. Spoon mixture into the pastry squares. Season. Sprinkle a little of the soup broth or bouillon. Put butter on top. Fold over pastry in center. Crimp edges together and seal.

Bake in a 350-degree oven for 45 minutes to one hour.

Makes 6 pastries.

Quote of the Week

"For everything that lives is holy, life delights in life."

—William Blake

"There are many people who reach their conclusions about life like schoolboys; they cheat their masters by copying the answer out of a book without having worked out the sum for themselves."

—Soren Kierkegaard

"The house of delusions is cheap to build but draughty to live in, and ready at any instant to fall...It is and must in the long run be better for man to see things as they are than to be ignorant of them."

—A. E. Houseman

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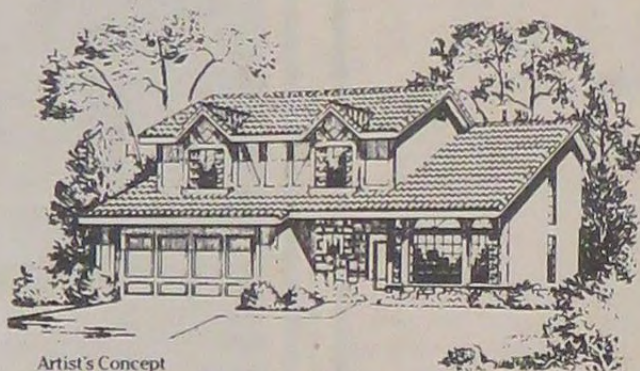


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Norwester

USNS Mercy saves accident victims

by Air Force Technical Sergeant Cordelia Rackley

Zamboanga, Mindanao Island, Republic of the Philippines—The U.S. Navy hospital ship *Mercy*, in port here on its humanitarian and training mission, put emergency response training to the test April 27 when it took aboard six Filipino accident victims from Zamboanga City.

The accident occurred shortly after 2 p.m. on Basilian Island when a truck overturned, leaving 14 people killed and 57 injured. The victims were rushed to local hospitals. Those in critical condition were airlifted to Zamboanga City, where local authorities requested medical assistance from the *Mercy* hospital ship anchored about a mile offshore.

Medical supplies were immediately sent to the pier, where two doctors from the *Mercy* were already assessing the victims' conditions.

Six of the injured were placed on litters and transported by the *Mercy* boat crews to the ship's medical treatment facility just after 8 p.m.

U.S. tri-service and Philippine armed forces medical teams responded quickly.

They put mass casualty reception training into swift and humanitarian action.

Like clockwork, doctors, nurses and medical technicians worked cohesively to stabilize the victims. It was the first time since the ship's commissioning last November that patients were brought on board for emergency medical assistance.

"What we're seeing here is our Navy training really put to use," said Hospital Corpsman Third Class Stacia Harriman, an orthopedic specialist from the Naval Hospital, Oakland. "This is what this ship is all about: what it is designed to do. This [accident assistance] was a true humanitarian gesture where we can use our training to help out in a time of need."

The *Mercy*, designed to support rapid deployment forces in the Pacific, left San Diego February 27 at the request of President Ronald Reagan as a part of a medical aid package to the Philippine government. The ship is currently finishing its fourth of a seven-port visit that is scheduled to end May 30. The vessel will then sail to other Pacific islands before returning to its home port in Oakland in mid-July.

Medical teams treat over 1,000 pa-



USNS *Mercy* (T-AH 19) underway on her deployment to the Republic of the Philippines on her Humanitarian Training Mission.

tients a day at pre-established clinics on shore. Approximately 140 patients are selected per port visit for major surgery which cannot be done onshore.

Harriman was one of the several people on the trauma team called to assist in the emergency. Medical personnel from the U.S. Navy, Army and Air Force, the U.S. Public Health Service, and the Philippine medical community worked side-by-side in a mass casualty environment.

With practiced precision, three men, a pregnant woman and two children were quickly brought aboard and rushed into casualty reception. Following assessment of injuries that included two fractured arms and legs, a fractured skull, facial lacerations and abrasions, and burns, four of the six underwent surgery that lasted until 5 a.m.

Navy Captain John Matheson, dental surgeon, who performed a four-hour rigid fixation and fracture repair surgery on a victim's jaw said he was impressed with the way trauma training was effectively put to work.

"We mustered an entire team, had four operating rooms on line and ready to go, and used state-of-the-art surgical procedures to get these patients the best medical care possible. It was an effective display of training," Capt. Matheson said, "and we still maintained a full operating room schedule the following day."

"The teamwork here has been smooth. It's gratifying to see it all come together like this," said Commander Judith Lombardi, assistant director of nursing services.

CINCPACFLT impressed

I was profoundly impressed during my April 25 visit with the dedication, enthusiasm, and professionalism of every member of the *Mercy* mission. Whether at the Zamboanga medical campsite or on board a ward, you only had to look at the faces of those being treated to know that you are making a tremendous humane impact.

vices.

Teams from nearly every department on the ship worked on complicated multiple injury cases.

"You have to know what you're doing in a fast-paced atmosphere like this because you don't have time to stop and think about it. You just have to act," said Harriman.

All six patients were in stable condition prior to their release to local hospitals for follow-up care. Instruments, medicine and other medical supplies were provided to local hospitals which treated other victims of the accident.

For the patients and their families, the *Mercy* visit was a godsend.

"We can be very thankful the ship was here," remarked Captain Erlina Nombreda, an armed forces of the Philippines nurse who is training on the *Mercy*. "We don't have the kind of facilities to accommodate these patients in the local area. It's just a good thing we were here at the right time."

"Everyone wanted to be a part of this humanitarian effort. Exercises like this make the mission worthwhile," said Senior Airman Steven Dunnick, an Air Force recovery room technician from March Air Force Base.

"I'm glad we were able to help in this emergency," said Captain Donald Sturtz, the commanding officer of the USNS *Mercy*. "I'm very proud of all our crew who were able to act and quickly stabilize, evaluate and deliver definitive medical care to the patients. It shows that all our training has paid off."

During my visit I was able to speak to a number of the *Mercy* team. I want everyone to know how proud the Pacific Fleet is of every one, Filipino and American associated with this impressive undertaking. Keep up your great work.

Admiral James A. Lyons Jr.
Commander-in-Chief
Pacific Fleet

GEOCOM hosts AAMA

Captain T. F. Levandowski, MSC, USN, Commander, Naval Medical Command, Northwest Region, has been named Metropolitan Director of Northern California for the American Academy of Medical Administrators (AAMA).

Capt. Levandowski, who recently attained Fellowship status in AAMA, stated the purpose of the organization: "The AAMA is an organization with a mission dedicated to providing and developing innovative concepts in the field of health care administration and to the promotion and advancement of its members in knowledge, professional standing, and personal endeavors through education and research in management, administration, and the philosophy of health care."

The Metropolitan Northern California district encompasses an area from South Central California to the state's northern border.

According to Capt. Levandowski, the area will be divided into 10 sub-areas. An organizational meeting to identify the sub-area directors is slated for June 11 at the Naval Medical Command, Northwest Region Officers' Club in Oakland. Dr. Thomas O'Donovan, President of AAMA, is scheduled to be the guest speaker. Information and reservations for the meeting may be made by contacting Lieutenant Jamison Whiteman at (415) 633-6200.

All AAMA affiliates and prospective members are invited.

"The meeting is the springboard for our organizational and educational programs," says Capt. Levandowski enthusiastically. "We already have a vital and active group of hard-working people affiliated with AAMA. We have already begun planning a Navy Medical program as part of the AAMA National Conference and Convocation November 12 to 14 in Las Vegas."

Navy Medical Department members who affiliate now or at the National Conference and pay the registration fees may take advantage of two one-time benefits. The 1988 affiliation fees will be waived and new affiliates will advance to membership status at the Convocation.

All persons who occupy positions in health care administration can be considered for affiliation. According to Capt. Levandowski, "The AAMA is truly a family of professionals."

In order to be accepted you must be employed in health care administration or health care education for a minimum of two years at the time that the application is received.

Affiliation information may be obtained by writing American Academy of Medical Administrators, Congress Building, 30555 Southfield Road, Suite 150, Southfield, MI 48076.

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News



Editorial

Memorial Day not just for picnics

by Jonathan Seth Arnowitz

During Memorial Day, one not only thinks about our war heroes; but also, by reflecting on the loss, the reprehensiveness of war. Memorial Day has then an almost schizophrenic character: remembering our heroes and working so that we will not need more. On Memorial Day, it is a day not just of remembrance, but of reevaluation: Are we doing everything to remember those who had died for us? Are we doing all we can for peace? Are we doing everything we can for our defense?

Memorial Day is observed this Monday, May 25. Memorial Day commemorates the sacrifice Americans have made in the protection of our country. All across the country, we find National Cemeteries marking the graves of the men and women who have given their lives in the defense of our country.

Whether that grave marks Crispus Attucks, the first young man to die in the Revolutionary War; or the unknown soldier, who gave his life in the reparation of the union; or the gallant heroes fighting in the Abraham Lincoln Brigade and the subsequent World War against the fascists; or those who fought in Viet Nam, in many ways our most valiant soldiers in an awesome and controversial war. All sailors, soldiers and airmen who gave their lives in the defense of this country must be given their due on this day: our gratitude and our remembrance.

The American constitution, now 200

years old, would never have been written, never have been defended, if this country was not enveloped in the courageous efforts of our soldiers. The ability to regard the continued existence of our country over one's own life is one of the very highest forms of patriotism.

War is perhaps the most deplorable human activity; however, we are willing to rise to that odious occasion when necessary.

One need not think too hard to be reminded of many troubled areas all over the world where strife has led to armed combat: Nicaragua, El Salvador, Lebanon, Iran, Philippines, Punjab State and Afghanistan. It is hoped we remember our country's martyrs, not be the further creation of more martyrs but by assuring none further will be needed. Let us remember our war heroes by working for peace, by advocating reconciliation, and by remaining firm, resolute, and strong in our principles of justice, freedom, and human dignity. Ultimately, we must be willing to fight for them, if we wish to keep them.

Those in the military have already demonstrated their dedication to the Memorial Day spirit. Our military forces, our current sailors, soldiers, and airmen, by their very presence in the military, have not only shown a willingness to dedicate their lives to our country; but also, have shown the willingness to protect our nation.

CNO stresses ESO/PFT

Chief of Naval Operations Admiral Carlisle A. H. Trost's concern about the educational and physical well-being of the Navy has led to his active participation in the Pride, Professionalism and the Navy's Personal Excellence Program.

Adm. Trost said that the goals of the program are two-fold.

First, each command must give individuals the opportunity for personal growth in academic and professional skills and ensure that each individual is provided the opportunity to meet and maintain health and physical fitness standards.

Adm. Trost stressed increased education at all levels. Commands should establish programs to identify sailors without high school diplomas and provide them with the opportunity to complete high school.

Command programs should also be designed to improve professional skills,

increase incentives for everyone to strive for advancement and increase access to advanced training and higher education.

The second goal of the Personal Excellence Program is to develop partnerships between the Navy and local communities to help improve the educational health and citizenship values of our nation's youth.

Area coordinators will provide assistance for "Personal Excellence Programs," encouraging Navy people to become active in their communities.

Trost said, "Every command has a contribution to make."

"Pride and professionalism and readiness enjoyed in the Navy today are not assured for the future," Trost continued. "Initiative is needed to help in the development of character, intellect and physical stamina of young people needed for recruitment to sustain required levels of readiness through the year 2000."

Education help available

by Jonathan Arnowitz

Helping plan careers and clarify personal goals are the focus of Education Specialist Cherie Livingston.

Livingston also helps coordinate college work with an individual's Navy career.

"Any Navy course can be equated with college classwork," stated Livingston.

Both Navy courses and other Navy training can be converted into college credits at participating colleges and universities.

Livingston can set up an education program from accredited universities that can coincide with almost any Navy

duty, even sea duty.

"It is possible for students with functional skills to graduate from high school or even earn a B.A.—and do it afloat," explained Livingston. "If anyone needs or wants an education, they can get it."

Livingston also knows of tuition assistance programs, correspondence courses, and special college programs from Navy colleges and colleges near one's duty station.

An appointment to see Livingston can be arranged by telephoning the Personnel Support Detachment at (415) 633-6432 or Autovon 855-6432.

Cruisebook offered for Mercy

The Public Affairs Office for the USNS Mercy is offering a 144-page cruisebook to commemorate the humanitarian mission of the Mercy.

The book features a 32-page color insert.

The book will be available 90 days after completion of the humanitarian mission.

The cost of the cruisebook is \$19. The cost includes shipping and handling. If

you desire your name to be embossed on the cover, add one dollar.

Send your order with a check or money order, payable to the "USNS Mercy Welfare and Recreation Fund," to: Public Affairs Officer, USNS Mercy (T-AH 19), FPO San Francisco, CA 96672-4090. If ordering the embossing, be sure to include the spelling of your name as you want it to appear on the book.

Explaining the Thrift Savings Plan

by Sydney Santos

Many employees have questions about the new Thrift Savings Plan that is now available to all permanent federal employees. Some of the more frequently asked questions are reprinted below.

What is the Thrift Savings Plan?

The Thrift Savings Plan is a special tax deferred savings plan for federal employees. Payroll deduction each pay period can save money. This money will be invested by the thrift board in government securities. The savings plan is similar to a 401-K account or Individual Retirement Account (IRA). Employees must remember these savings are for retirement and do not replace personal savings accounts established for such things as emergency funds, vacation funds or saving for future purchases.

What do you mean the savings are tax deferred?

Tax deferred means that whatever amount is saved during the year will be deducted from your gross income for tax purposes. You will not have to pay taxes on the amount saved or the interest earned until you draw the money out of your account. Usually, when the money is

drawn out, you are retired and in a lower tax bracket, thereby reducing your tax liability.

How much interest will my money earn?

The interest rate will vary depending on the fund you invest in. Currently, the only fund open is the Government Securities Fund (G-Fund). The interest rate in this fund will fluctuate from month to month. The interest rates this year have been: January 7-1/2, February 7-3/8, March 7-3/8, April 7-5/8, and May 8-3/8. Interest will be distributed to employee accounts as of the first day of each month. The interest will be pro-rated to accounts on the basis of the prior month's opening balance plus one-half of the total contributions for the month just ended.

When can I start a savings account with the Thrift Savings Plan?

There will be two opportunities each year in which you can start a savings account or increase the amount saved. These "open seasons" will be each July and January. You can stop your savings or decrease the amount at anytime.

How will I know what is going on with

my account?

Each open season you will receive a statement reflecting the activity in your account for the past six months. The statement will include information on your contribution, the government's contribution, and the earnings of both. Five year investment histories will be available to you through the Thrift Savings Plan booklets.

If I separate from federal employment, can I transfer my entire plan account to my IRA?

Yes. Transfers to IRAs from the plan are not subject to the IRA contribution limitations (\$2000 for most individuals). However, pending an IRS formal ruling, you cannot transfer into a non-employed spouse's IRA, nor can you transfer your IRA into the Thrift Savings Plan.

In future issues of the *Norwester* we will have questions and answers concerning transferring from CSRS to FERS retirement plans. If you have any general questions regarding FERS, CSRS, TSP, or any other factor of federal employment, send them to me in care of Civilian Personnel Department, Naval Medical Command, Northwest Region, Oakland, California 94627.

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGougan
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson
AV: 317-692-4178

Branch Clinic Stockton
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May 22, 1987

Adm. Cassells on Navy medicine: part three

Does Commander, Naval Medical Command, see any technological advances or innovations on the horizon that may have an immediate effect on the practice of Navy Medicine?

"I don't think that on any given day you can really point to anything that is going to have a major effect tomorrow," the admiral commented. "The technological changes come so quickly in medicine and in those things that are related to the practice of medicine, such as in education, communication, in office technology, laboratory technology as well as everything that happens in imaging."

"In the field of radiology, we have a classic example of what I'm talking about," the admiral remarked. "The radiology training programs have been extended a year now just because there is so much new in that field. So we have no radiologists coming out of training programs this year, which produces an artificial shortage for us."

"These kind of things impact. To pick one thing that's going to sort of lead the charge for us, I can't do that. It's just general state-of-the-art changes within the practice of medicine."

How has the Navy reacted to AIDS? Has the Navy taken the lead in applying preventive measures and/or conducting research? Has the Navy been involved in any specific AIDS programs that are significant when compared to the civilian community?

"Obviously AIDS is a new disease for us," RAdm. Cassells said, "and it is offering us challenges in order to come to grips with it and how we are going to deal with it—not just medically, but as a society."

"Certainly the Navy has taken the lead in testing for AIDS," the admiral pointed out. "The Navy is way ahead of the other services in terms of getting our initial testing completed. We will start our re-testing as soon as we finish the first round of testing."

"As far as research is concerned, we do not have a major AIDS research effort of our own," the admiral continued, "but we contribute to research as well as cooperate wherever we can."

"Still, our biggest contribution has been in the area of testing; as in the case of drug testing, we were and are the leaders."

Is the Navy doing all that it can in the area of AIDS awareness, training and getting information disseminated to its people?

"That's not just a medical problem, that is a Navywide educational problem," RAdm. Cassells responded. "The Chief of Naval Personnel is interested in preparing as many educational materials as he can in order to get the word out."

"I personally believe that we need to get the word out, and we need to get it out in very explicit fashion," Commander, Naval Medical Command, said. "I don't think it is the sort of thing that you can talk about in generic, vague terms. I think the Surgeon General of the United States, Dr. Koop, has taken the right tact as far as education is concerned."

Has the geographical command organizational structure worked to satisfy Naval Medical Command mission requirements, or are there going to be further changes?

"I'm always reluctant to say there aren't going to be any more changes because on the average we've reorganized about every three and a half years as I can recall," RAdm. Cassells answered. "Certainly I think the geographic commands have contributed to mission accomplishment and I think I would like to see no further tinkering done with the organizational structure until we have had some significant experience."

"We haven't been into this (the present organizational structure) five years yet. We haven't grown into it and the 'bill' hasn't been paid yet for that one. To go into another reorganization that would do something to the geographic commands prior to getting them fully into place and operational I think would be a mistake."

"I don't see the CP/HP implementation as taking away anything from that organizational structure," the admiral continued. "I think we have to be very careful that the CP/HP program and its



Admiral Cassells talks with JOC Mike McGougan in this, the last of his three-part interview.

implementation doesn't distract us away from what the real problem is: inadequate resources to do the job we all know we want to do. You can't organize your way out of that box."

RAdm. Cassells sees morale in the medical department directly affected by the shortfalls in resources and manpower to which he frequently refers.

"Compared to three or four years ago, I think morale is really very good," the admiral stated. "You hear about bad morale here and bad morale there, but when you go around as I do, I don't see great evidence of that as a whole command sort of thing. I think that most people go about doing their business and taking care of their patients the same outstanding way they always have done."

"These organizational changes that create a lot of noise and a lot of turmoil within the system at the bottom have an

effect on what we do at the bedside," RAdm. Cassells said. "Now, what it has done is take people away from the bedside as we have created these new organizational entities without getting additional resources to accomplish it."

"We have taken people out of the direct-care facilities to establish these other layers. We've taken people away from the bedside to do the quality assurance monitoring, to do all the other responsibilities that we are required to do as part of the Q.A. program."

"That's one of the things I think contracting will help us with," the admiral continued. "We don't have to put hospital corpsmen and dental technicians in personnel offices and quality assurance. Pulling records and doing all the paperwork doesn't have to be a 'uniform activity' of active duty folks en-

Risk factors may warn of hypertension

reprinted from "Living With High Blood Pressure," by Marvin Moser and Brenda L. Becker, *RX Being Well* 4(3), (July/Aug 1986.)

Hypertension can exist for years without symptoms and most cases arise for no known reason. But certain factors increase your statistical risk. These include:

Family history. Children with one hypertensive parent have a higher risk than those with no high blood pressure in the family. When both parents have hypertension, the odds are even greater.

Age. High blood pressure often develops in the 30's and 40's, but it becomes more prevalent with age. Many elderly people develop some degree of

hypertension.

Salt consumption. Some people seem genetically susceptible to the effects of sodium in the blood vessels. Since it's difficult to screen for salt sensitivity, it makes sense for everyone to moderate salt intake.

Chronic stress. Increased heart rate and a temporary rise in blood pressure are typical reactions to psychological stress. It has been postulated that prolonged stress can lead to hypertension.

Obesity. Being overweight increases your risk of high blood pressure and several other diseases.

Alcohol. Heavy drinking can elevate pressure in the arteries. People with

hypertension should have no more than one or two drinks a day—at the very most.

The Pill. Oral contraceptives cause slight blood pressure rises in many women. In women over 35, the combination of smoking and the Pill may be especially dangerous.

Cigarette smoking. Smoking a cigarette temporarily elevates blood pressure; it also makes the heart work harder. While there's no direct link to hypertension, smoking is a risk factor for heart disease.

Diabetes and kidney disease. Both of these conditions make the development of high blood pressure more likely.



Norwester polls for reader input

What would you like to see in the Norwester?

The paper is here to serve and inform you. In our continuing effort to be responsive to our readers needs for both information and entertainment, we invite you to tell us what you would like to see in the paper.

What features you would like to see more of?

Or what you would like to see covered that we do not cover. We remind our readers that all copy is written and edited to conform to Associated Press style.

So drop us a line or call us: co/Editor, Norwester, Naval Medical Command Northwest Region, Oakland, California 94627, Autovon 855-6017, commercial 415-633-6017. All inquiries are confidential.

Feature Page

New NAVHOSP uses high tech, saves money



The new Naval Hospital, San Diego, has built-in energy-conserving system.

By Lt. Sonja Hedley

Energy saving systems of all types have been built into the new Naval Hospital, San Diego, systems that will not only conserve energy, but reduce the amount of electricity the facility has to purchase.

The new hospital has the first Navy-owned and operated cogeneration power plant. It uses gas- and oil-fired turbines to produce the major steam requirements for the San Diego hospital. Additionally, the big power plant generates electricity. By producing steam and electricity, the power plant will reduce the amount of power needed to run the hospital that is purchased from the San Diego Gas and Electric Company.

Other vital areas of conservation implemented with the new construction are:

Reflective glass on the west side exposures and gray heat absorbing glass on the shaded exposures.

Architectural solar screening provided to minimize direct summer solar gain at the windows. The solar screens are designed to work independently or in conjunction with overhanging balconies or roofs.

The building's walls are thermally insulated.

Maximum use of external air is achieved with an air handling system. If air outside the buildings is cooler than inside, the outside air is brought into the air conditioning system. This reduces the energy required for the mechanical refrigeration system as well as its operating hours.

Except for systems which serve the operating suites and other critical areas, variable volume systems are provided which minimize the fan energy requirements.

Multiple systems are in the surgery room suites so that when some rooms are not in use, the systems serving those rooms may be operated at half speed.

The maximum use of energy efficient fluorescent and mercury lamp lighting is used throughout the facility. In addition, lighting levels are lowered to new Department of Defense requirements which, besides reducing power consumption, also reduces air conditioning tonnage and fan energy.

With all of the latest in conservation methods installed, the new hospital can be expected to save the government money and the country energy.

Signups for National University

A university located on Oakland Army Base is offering advanced degree programs available to civilians and military. The classes are held nights and occasional weekends.

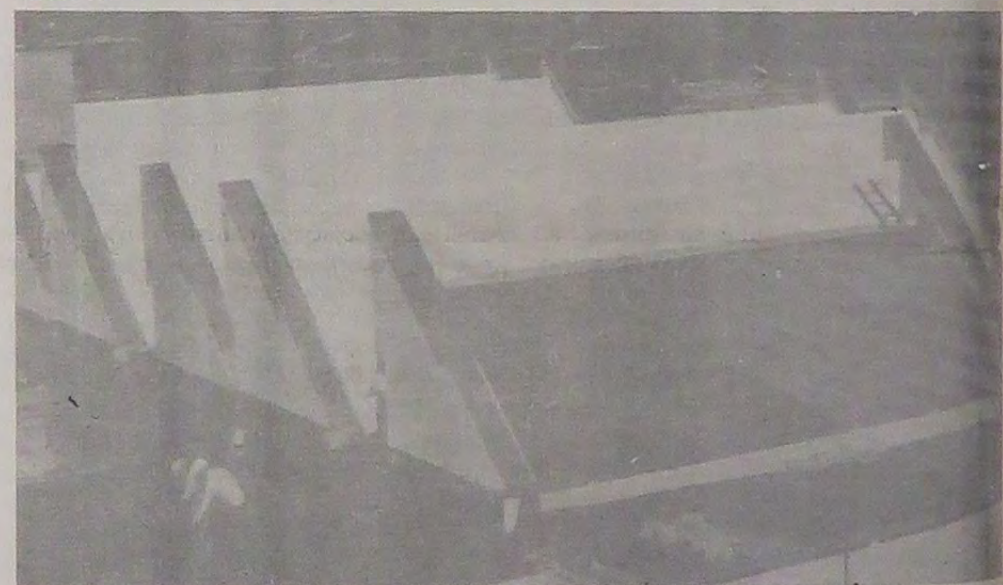
National University offers advanced degrees in accounting and public administration. The programs include a broad depth of course work covering the many facets of the accounting and public administration fields. The courses meet for one month, two evenings a week and some Saturdays.

The courses begin on June 2 at the National University Oakland campus, Oakland Army Base, Building 780, room 215.

For further information on accredited degree programs and courses contact the academic admissions office at (415) 272-5100.



DTCS(SW) David J. Crittenden, was promoted to his present rate by Captain Billie M. Mason, DC, Commanding Officer, Naval Dental Clinic, Bremerton. Crittenden is the Head of the Operating Management Department.



Skylights at the Learning Resources Center increase the natural illumination while cutting energy costs.

Wolff's Corner

Museum fun for young and old in Oakland

by Chief C. A. Wolff

What the Smithsonian is to American history, Oakland's superb Civic Museum is for California History; and, the Oakland Museum makes it all fun—it's among the finest regional museums in the country.

The museum shows that California history, art, and natural sciences can be both fun and entertaining.

The natural sciences hall is arranged geographically from east to west, while the history and art sections are organized chronologically. The Oakland Museum is surely the state's attic. The thousands of objects: machines, cars, mining equipment, housewares, and home furnishings display the aspirations and realities of everyday life throughout Californian history. There are sections on Native Americans, the Spanish period, the Gold Rush, agriculture, industry, entertain-

ment, and other areas of California's rich history.

The Oakland Museum is also unique in that it appeals to children and adults alike. Part of the fun for me was watching the kids have so much fun while they learn.

The Oakland Museum is at 1000 Oak Street, one block from the Lake Merritt Bay Area Rapid Transit (BART) station and five blocks east of the Nimitz freeway. Hours are: Wednesday through Saturday from 10 a.m. until 5 p.m. and on Sundays noon until 7 p.m.

Also while visiting San Francisco on Wednesday evening you may want to check the Exploratorium with all its delightful and fun hands-on exhibits and where there's not a "do not touch" sign to be found. Both the Exploratorium and the deYoung Museum feature free admission on Wednesday nights.



First mother on Mother's Day

Kathryn Lemair became the first mother on Mother's Day at Naval Hospital, Oakland, when daughter Tiffany checked in at 1:06 a.m., weighing 8 lbs., 7 oz. The father is Aviation Machinist's Mate Airman Dean Lemair of Moffett Field-based Patrol Squadron 47. Lillian Basas, Hospital Chairman for Fleet Reserve Association Ladies Auxiliary Unit 10 of Oakland-San Leandro, presented a layette to the new mother to commemorate Tiffany's timely birthday. Lieutenant Lee Hammond, Branch Head for the 8-North Maternity Ward, watched the presentation. The Ladies Auxiliary of the Fleet Reserve Association has been donating the layettes for more than 20 years. (Photo by HMI Bobbie Brown)

May 22, 1987



Dancers from Walnut Creek Filipiniana Dance Company perform traditional Tahitian number.



Colorful displays and information centers highlighted Asian-Pacific Heritage Week festivities.

Asian-Pacific Heritage Week celebrated

Photos by Airman Deborah Davis

"Aloha," "Hafa Adai" and "Mabuhay" were among the greetings of welcome expressed on May 6 as members of the Northwest Region commands on the Oakland complex and invited guests gathered for an Asian-Pacific American Heritage Week commemoration.

The commemoration to celebrate the cultural heritage and contributions of Americans tracing ancestry to such places as the Republic of the Philippines, China, Guam, Hawaii and other Asian-Pacific islands was held in the dining hall and clinical assembly of Naval Hospital, Oakland.

After dining from a smorgasbord luncheon menu that included favorite traditional Asian-Pacific cuisine, attendees were presented a commemorative program of song, dance and featured speeches.

Captain John Bouvier, acting Commanding Officer of Naval Hospital, Oakland, welcomed the group after the hospital choir sang the national anthem and Commander Gregory Pokladowski, Catholic chaplain, offered the invocation.

Lieutenant Jamison Whiteman, Administrative Officer for Commander, Naval Medical Command, Northwest Region, served as master of ceremonies. Lt. Whiteman, whose maternal grandfather was former governor of Guam, discussed the contributions made to American society and history by people of Asian-Pacific descent.

Professor Amado Cabezas of the University of California, Berkeley, Department of Asian Studies, was guest speaker. Formerly of the Philippines and now a U.S. citizen, Cabezas related the historical challenges encountered by Asian and Pacific islanders in immigrating to America.

Highlighting the program were several dances reflecting the cultural heritage of Hawaii, Tahiti, Philippines and China. The Walnut Creek Filipiniana Dance Company, represented by Rey and Lisa Aguilar, Hope Henkins and Meilin Wang in authentic costumes, performed the dance numbers.

Hospital Corpsman Third Class Romeo Aberin sang a solo.

"We had an outstanding turnout of military and civilian personnel from the NAVMEDCOM Northwest Region and Naval Hospital, Oakland, community representing a variety of Asian-Pacific island cultures," commented Lt. Whiteman.

"The food was delicious, the entertainment nice and it was just great having the opportunity to meet together to exchange ideas and information about our particular heritage."



Lieutenant Jamison Whiteman, master of ceremonies, discusses contributions by people of Asian and Pacific Island descent at commemorative event.



Professor Amado Cabezas (left) of U.C. Berkeley Department of Asian Studies, guest speaker for Asian-Pacific Heritage Week commemorative at Naval Hospital Oakland, May 6, talks about immigration challenges during luncheon.



Naval Hospital, Oakland choir sings during Asian-Pacific Heritage program.

Check-up regularly for high blood pressure

(Adapted from USDA Home and Garden Bulletin, No. 232-6, April 1986).

More than one in four adult Americans has elevated blood pressure. Because high blood pressure often produces no symptoms, blood pressure should be checked regularly for early diagnosis. High blood pressure increases the risk for

heart attack, stroke, and kidney disease.

Risk factors for high blood pressure include a family history of the disease, overweight, and a high sodium intake. Some individuals can eat high-sodium diets without increased blood pressure; others cannot.

Too much sodium in the diet may ag-

gravate high blood pressure once it exists. Thus, limiting dietary sodium is often an important part of treatment along with exercise, weight reduction (if appropriate), and medication.

We cannot predict who will develop high blood pressure, but we know that many Americans eat much more sodium

than they actually need. Therefore, many health professionals believe that reducing sodium is sensible for the population as a whole.

Four out of 10 adults are trying to cut down on salt or sodium. Consider reducing your sodium intake.

Bone disorder can be prevented

By Evelyn D. Harris

May is Older Americans Month—a good time to think about what to do now to prepare for healthy golden years. There are steps you can take now to ensure strong bones later.

Although bone density decreases in all people at about age 35, osteoporosis, or severe bone thinning, is more common in women. Men have larger, denser bones and consume more calcium than women. They do not experience the hormonal changes of menopause or the increased need for calcium due to pregnancy, both of which can contribute to osteoporosis in women. Male alcoholics get osteoporosis

more often than other men.

Although not getting enough calcium in the diet is the most important factor in osteoporosis, a number of factors can contribute to bone thinning. Women who are small-framed or thin and those with a family history of osteoporosis are more likely to have the problem. Whites are more likely to get osteoporosis than non-whites.

Scientists believe lifestyle factors may also be involved. Smoking and high alcohol intake may reduce calcium absorption. A greater than 3-1 ratio of phosphorus to calcium in diet may do the same. This could be a problem for those

who frequently consume foods and beverages high in phosphorus, such as meat and cola drinks, in place of calcium sources, such as cheese and milk.

The caffeine contained in more than five cups of coffee or nine 12-ounce sodas with caffeine may also reduce calcium absorption. Read labels—colas are not the only sodas with caffeine.

Even "good guys" like protein and fiber may reduce calcium intake if consumed in excess. Nutritionists believe the average American eats two or three times the amount of protein needed for health. Although researchers aren't sure, they believe the extra protein may affect

please see page 8

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End Note

Admiral Cassells interview: conclusion

continued from page 3

tirely taking care of those tasks. We can hire civilian personnel for less money to come in and provide those services.

"We can put nurses back into the direct-care environment, which is where they'd really rather be, and that's what we trained them to do. It is a bigger incentive for nurses, corpsmen and dental technicians to be actually working in their job specialty and not having to do the collateral type of duties."

When Commander, Naval Medical Command, thinks about the Northwest Region from his position in the nation's capital, what other issues stand out in his mind?

"The biggest issue as far as the Northwest Region and Naval Hospital, Oakland, are concerned is the status of the seismic upgrade," RAdm. Cassells said. "I think we've pretty much come to grips with that. The Assistant Secretary of Defense for Health Affairs, who is now responsible for all military medical construction, has determined that we will fix the non-seismic problems with Naval Hospital, Oakland."

"Letterman Hospital (at the Presidio, San Francisco) has similar problems. The

Secretary will take on the question of 'what will be done in the Bay Area as far as new facilities are concerned in the future?'

"At bottom, if you seismically upgrade Naval Hospital, Oakland, and you seismically upgrade Letterman Hospital, you have two seismically upgraded older hospitals. And that is, I think, not the best thing for the Bay Area."

"Hospitals, like ships, reach a certain age and have to be replaced. To keep pouring money into the existing facility

when you need something bigger and better, or different, is not cost effective.

"At some point, there will be a replacement facility because of the age of the existing medical facilities," RAdm. Cassells pointed out. "And, if homeporting becomes a reality and if we build up

Hunter's Point, demographics may change.

"So, because of the homeporting issue and other factors, the consideration of a replacement medical facility and the place you may want to put it is still very much 'up in the air.'"

Norwester corrections

In this space, the *Norwester* notes corrections and omissions from previous issues.

In our last issue, photo credits for the Passover photo-feature should have been

given to Chief Journalist Mike McGougan. Also a photo credit for Airman Deborah Davis for her photograph of Lieutenant Commander Ayers.

Bone disorders preventable

from page 6

calcium.

Although most Americans don't get enough fiber, going overboard on fiber consumption can reduce calcium absorption. Drastic increases in fiber intake can also cause gastro-intestinal distress.

Getting enough weight-bearing exercise—such as walking, jogging and dancing—is also important. Research with astronauts and bedridden patients shows calcium loss can occur even with adequate dietary calcium if the body is deprived of exercise.

A significant calcium loss in women is caused by menopause. If calcium loss is severe, the doctor may prescribe estrogen therapy.

What is an adequate amount of calcium? Adult men and children need 800 milligrams a day, which is the equivalent of three 8-ounce glasses of milk. Teen-agers of either sex and pregnant women need 1,200 milligrams a day. Based on recent research, the National Institutes of Health now recommends that women get 1,000 milligrams a day until menopause—and then increase that to 1,500.

Housing for junior enlisted

Subsidized Housing is now available for E-1's through E-3's for two or three bedrooms. To qualify the Navy Housing Referral Office requires that you must be either a single parent or couples with one child and income under \$15,050 a year to get a two bedroom. To get a three bedroom house you must have two children of the opposite sex. These units will be available

and are located in Oakland, Emeryville and San Pablo. For further information please contact the Housing Referral Office in Bldg. 101 of NAS Alameda or call 869-4718 or 869-4725.

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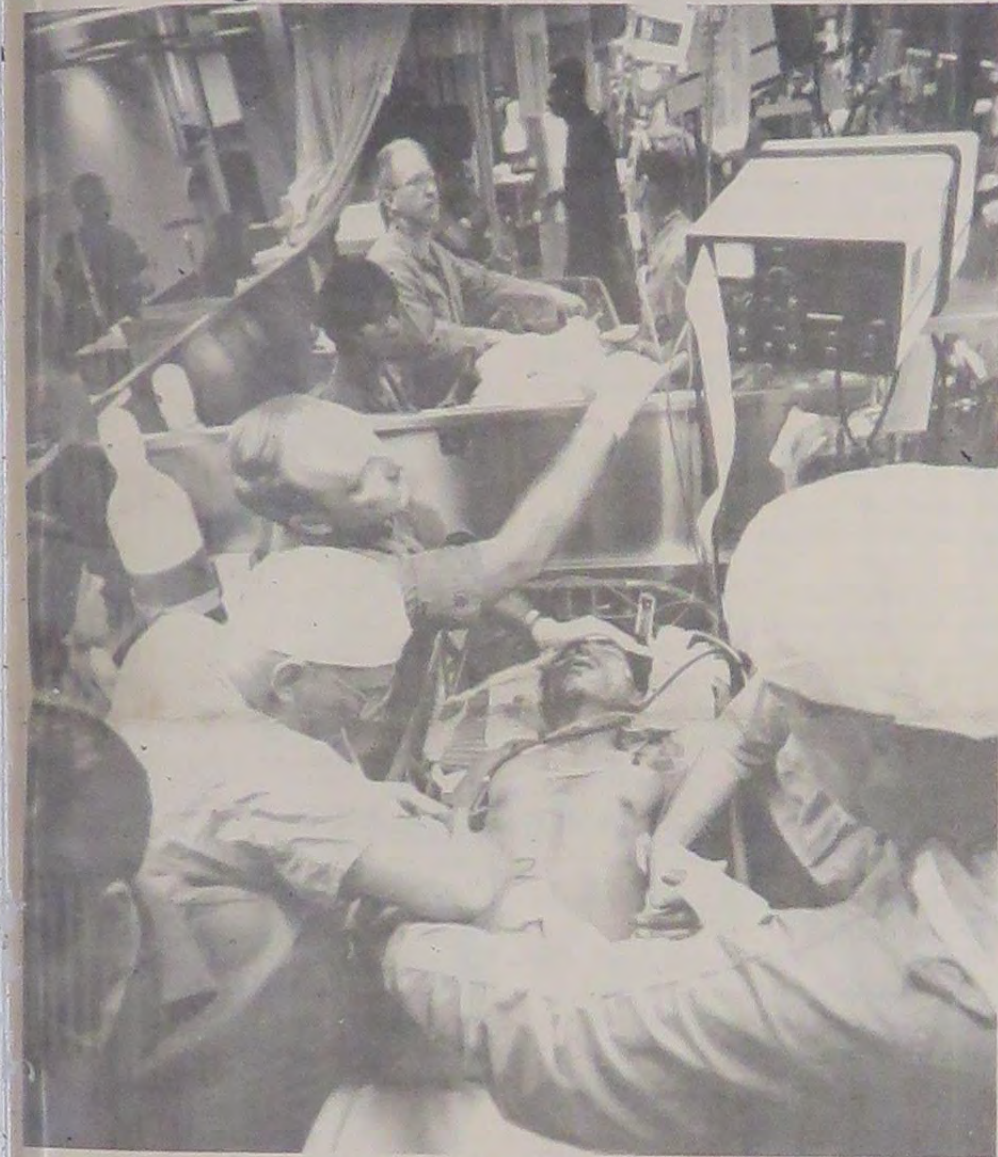
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A newspaper for the Naval Medical Command Northwest Region

Norwester

Mercy crew continues humanitarian work



Like clockwork, a tri-service/Philippine Armed Forces medical team works rapidly to stabilize one of the accident victims brought aboard the Mercy's Medical Treatment Facility April 27. (Photo by CPO J. Kristoffersen)

In the first six weeks after the Navy's newest hospital ship, USNS Mercy, arrived in the Republic of the Philippines on a five-month humanitarian mission, the crew provided care and treatment to over 35,000 Filipinos.

The Mercy crew of over 650 medical and support personnel from the Navy, Army, Air Force, Public Health Service, Military Sealift Command and the Philippine medical community has continued treating about 1,000 patients a day during the remaining port visits in the Philippines before the United States contingent moves on to the South Pacific.

Care is being provided in two ways. In each port, Medical/Dental Civic Action Project (MEDCAP) Clinics are set up ashore for eight to ten days, screening over 1,000 patients daily for treatment in the following clinics: dental, ophthalmology, pediatrics, minor surgery, obstetrics/gynecology, ear nose and throat, dermatology, nutrition, internal medicine, radiology, and orthopedics.

Additionally, patients with more serious ailments are pre-screened by local health officials prior to the ship's arrival

for possible surgery and shipboard evaluation and care.

Approximately 140 patients are selected per port visit for major surgery or testing which cannot be done ashore. These patients are taken to the ship for surgical procedures that include treatment of hernias, thyroidectomies, tendon procedures, cleft lip repair, scar revision, removal of bunions, repair of perforated eardrums, selected tumor operations, cataract excision and other eye procedures, gynecological procedures, incision and drainage of abscesses and skin lesions.

"The individual stories of those who have been helped will live on in our memories," said Captain Donald L. Sturtz, commanding officer of the Medical Treatment Facility (MTF) aboard USNS Mercy. "Every day there are instances classified as miracles by the beneficiaries of our care."

One example of this miracle-work is 15-year-old Aida Balunso of Albay Province, who can now hold her head up and

please see page 6

In Memoriam

The Naval Medical Command, Northwest Region, mourns with the entire Navy, with our entire country, the deaths of the 37 brave sailors who died aboard the USS Stark. Their bravery is a testament to their patriotism and love of peace.

Their deaths, from a tragic accident, were in the service of protecting the peace of the Persian Gulf, the flow of vital

natural resources, and upkeeping the democratic ideals of liberty which our country holds so dear.

Though they have given their lives, their spirit shall remain with us for all time.

Captain T. F. Levandowski
Commanding Officer
Naval Medical Command
Northwest Region

Navy drug screening lab educates young at Festival

By Commander Richard L. Hilderbrand
The San Leandro Cherry Festival provided an opportunity for volunteers from the Navy Drug Screening Laboratory to make the "Just Say No to Drugs" message to that community.

Military and civilian members of the Drug Screening Laboratory volunteered their time on May 16 and 17 to staff a booth during the festival. Helium-filled balloons and cookies attracted youngsters, and buttons, pencils and stickers were handed out. Brochures containing information on the "Just Say No" program were given to adults.

Several thousand persons passed by the booth and most of them left with the "Just Say No" message. Many children and young people signed a pledge and expressed support for the program. In addition, teachers and school administrators received information on how to start

clubs in their schools. Some information on the activities may be aired on Channel 3 cable television in the near future.

The showing of support from the community was exceptional. Many people of all ages expressed concern for the current national drug problem and support for our message. Others expressed support for the U.S. Navy, in general, and were glad to have a military organization active in the festivities.

Thanks are due to Commander, Naval Base San Francisco for purchasing the buttons, pencils and balloons and to Mothers Cookies for providing the cookies that were given away. A special thanks to the members of the Navy Drug Screening Laboratory for donating their time and effort in support of this worthwhile activity and to Mr. Sichon for preparing a nicely-lettered sign for the booth.



The Navy Drug Screening Laboratory was represented at San Leandro's recent Cherry Festival with a booth, especially aimed at youth, that provided information about drugs and urged "just say no" to substance abuse. On hand to dispense the facts about drugs were, left to right: Mrs. Remy Sichon, Calvin Sanders, Lieutenant Lucero Cabotaje, Del Hill and Commander R. L. Hilderbrand, Commanding Officer of the Navy Drug Screening Lab.

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News

NAVHOSP Lemoore taking care of business



Captain (Doctor) Riccamp.
(Photo by Dave Fraker)

For Naval Hospital, Lemoore, taking care of business means taking care of people. Good health is the profit.

Naval Hospital Lemoore finds success in a small facility, teaming with eager professionals.

According to Lieutenant Commander Willard Farnham, director of administration, care has reached its highest level of quality through professional attitudes and reorganization.

"Our quality assurance program—by which we judge the quality of our care—needed work," Farnham said. "In six months, Captain James Gentry led a task force and corrected 128 discrepancies."

"We have reconstructed the family practice clinic for more efficient organization. We redirected patient flow and arranged appointment schedules to make the best use of time for the physicians."

Farnham said training programs are

upgraded and implemented to keep the staff knowledgeable. He said training the staff is a top concern. The hospital has revamped the education and training department.

"We broadened our continuing medical education program," he said. "We're bringing in more guest speakers, bringing in a lecturer from outside and inviting the public."

Captain Nicola Stewart, director of nursing services, agreed education is a reason for the hospital's success.

"Almost all our nurses have a bachelor's degree," she said. "And many of them have a master's degree. They're extremely well educated."

She said that the training for corpsmen is a continuing process on the wards, and that they attend formal classes to help with advancement.

"Navy Corpsmen can, with one-year experience on the ward, challenge the California Vocational Nurses Exam. If they pass, they can be licensed vocational nurses. That's something the other [military] services can't do."

The hospital's staff of 232 people provides services in family medicine, pediatrics, internal medicine, psychiatry, general surgery, radiology, anesthesiology, obstetrics/gynecology (OB/GYN) and limited orthopedic and urology outpatient services.

The OB/GYN clinic handles 400 to 500 visits per month. Approximately 45 to 50 babies are delivered each month.

Also provided are: gynecological cancer screening, family planning counseling, infertility evaluation, and routine and complicated gynecological



Forty-five to 50 babies are delivered each month. (Photo by Dave Fraker)

disorder treatment.

"We have a general surgeon and two obstetrician gynecologists," Commander Lee Artman, director of surgical services, said. "Most of the things we do are in general surgery. And we have a Naval Reserve urologist who comes here and does minor procedures."

Lieutenant Commander (doctor) Felix Caldwell, director of medical services, had similar feelings.

"We give quality care here," he said. "Our limitations are based on the facility and what we have. We don't have the equipment to provide advanced medical care."

Lt. Cmdr. Caldwell treats adult patients for heart, lung, kidney, liver and intestinal problems.

"We identify problems. What we can't treat here—if they need surgery we can't perform—we refer them out," he said.

Lt. Cmdr. Caldwell sees an average of 10 to 15 patients per day, plus telephone consultations.

"Some days are busier than others. If everyone is doing well, it's easy. If many people have problems, I can be overwhelmed," commented Lt. Cmdr. Caldwell. "But that's medicine."

"For the most part, people realize this is a very busy place. Consequently, sometimes they have to wait; and the patients are usually willing to do so."

Lieutenant Commander Judith McCarthy, director of ancillary services, is familiar with people waiting. But she said sometimes it is necessary.

"In the pharmacy, for example, we have between 500 and 600 prescriptions per day, plus about 200 IVs and unit doses for inpatients. It's a fair amount considering

please see page 3

Lithotripsy: Good vibrations for your kidney

Its scientific name is Extracorporeal Shock-Wave Lithotripsy (ESWL) and it is being heralded as a revolutionary, non-surgical treatment for painful kidney stones. This new procedure is established as an advancement whose time has come.

As of now, the Northern California Kidney Stone Center has performed more than 2,000 successful ESWL treatments on kidney stone patients. The center, located in Los Gatos, has reached this milestone well in advance of its second year anniversary on June 20.

The treatment involves reclining in a bathtub of warm water as the patient's body absorbs 1,000 to 3,000 powerful acoustic shock waves. Even if it doesn't

sound too relaxing, it's all relative. To patients suffering from kidney stones, those shock waves that pulverize the stones into passable granules are good vibrations. Especially when considering the alternative, which is usually debilitating surgery, requiring hospitalization for perhaps up to two weeks and a recovery period of five weeks or more. Patients who have undergone the ESWL treatment at the Northern California Kidney Stone Center are usually in and out on the same day.

Kidney stone patients who have gone through the treatment in the \$1.5 million "bathtub-with-a-bang" are describing it as "the only way to go." In addition, Extracorporeal Shock Wave Lithotripsy has been hailed as the preferable method of treating kidney stones by the medical establishment. A four-year study showed a 80-90 percent rate of patients being stone-free three months after treatment.

The annals of Internal Medicine have proclaimed: "Extracorporeal shock-wave lithotripsy is emerging as the treatment of choice for the fragmentation and removal of most stones in the kidney and upper ureter. This treatment has been shown to be highly effective and safe."

This is strong testimony for a treatment that was first introduced in Germany only six years ago. To date, more than 250,000 patients have been treated on a world-wide basis.

The Northern California Kidney Stone Center (the first facility to install a lithotripter on the West Coast between Seattle and Los Angeles) has established the most cumulative and meaningful data for shock wave therapy in Northern California. Indeed, this center has advanced the system to such a point that it

held a successful professional symposium on its use last fall.

Instead of being hospitalized, the center's patients customarily spend the night at home or, if from out-of-town, in a nearby hotel (arranged for by the center's staff). The Northern California Kidney Stone Center's guestbook reflects that patients are coming from a number of sections of the country. They have come from Nevada, Arizona, Wyoming, New Mexico, Oregon, Washington, as well as from throughout California.

The Northern California Kidney Stone Center was the first free-standing ambulatory establishment to employ the Dornier Lithotripter in the U.S. The device was developed by Dr. Christian Chaussy of the University of Munich in cooperation with the Dornier Aerospace Company. The lithotripter literally blasts the stones with pinpoint accuracy. In a spate of shock waves usually lasting no

more than 35 to 60 minutes, kidney stones are virtually pulverized into sand-like particles without damage to skin or tissue. After the anesthesia wears off, patients experience some reddening around the kidney area, but usually very little discomfort.

The stainless steel tub is equipped with an electrode on the bottom which emits sparks that send powerful shock waves through the water aimed with pinpoint accuracy at the patient's kidney stone. The equipment also consists of elaborate control boards and TV monitors with cross hairs for accurate positioning of the stone during the procedure. A medical team, comprised of a specially trained urologist, an anesthesiologist, an x-ray technician and nurses, observes the stone being pulverized on the monitors to determine the appropriate number of shock waves necessary to break up the stone.

CHAMPUS covers kidney treatment

Champus will share the cost of kidney stone treatment using a probe through an incision in the skin over the kidney (percutaneous lithotripsy) performed on or after September 30, 1983.

The new effective date for coverage reflects the date that American Urological Association issued its revised decision supporting percutaneous lithotripsy as an accepted technique for treating kidney patients.

Percutaneous lithotripsy was previously considered investigational by

the American Urological Association. The technique involves inserting a probe through an incision in the skin over the kidney and applying the probe to the stone. Ultrasound, electrohydraulic or mechanical means are then used to break up the stone. (See related story this page.)

CHAMPUS beneficiaries and providers should direct any claims, including denials or inquiries for percutaneous lithotripsies, to the OCHAMPUS Office of Appeals and Hearings, Aurora, Colorado, 80045-6900.

Norwester

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGowan
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson
AV: 317-692-4178
Branch Clinic Stockton
HMCS G.W. Chraska
AV: 466-7445/6
Branch Clinic Alameda
HM3 Richard Demerest
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Command inspection shows staff's best



Commander (Captain selectee) A. J. Rawley is presented the Meritorious Service Medal by Captain T. F. Levandowski for her outstanding performance on the headquarters staff. Cmdr. Rawley has served as Head, Regional Fleet Support Section, in the NAVMEDCOM Northwest Region Plans and Operations Department. (Photo by AN Deborah Davis)



Captain Levandowski views his chief petty officers, a group with many years of experience, during the command inspection. (Photo by JOC Mike McGougan)

Honors from Adak

Lieutenant Cheri K. Buchanan, nurse anesthetist at Branch Hospital, Adak, Alaska, was recently presented a Navy Commendation Medal for duties performed while assigned to Naval Hospital, San Diego, from December 1980 to October 1986.

The commendation said, in part: "For meritorious service while serving as a nurse anesthetist...Lt. Buchanan consistently performed her primary and collateral duties in an exemplary and highly professional manner. Named chairman of the Program Evaluation Committee, she recruited new members representative of the community within which the anesthesia school operates. She organized a two-week neonatal intensive care unit rotation for the nurse anesthetist students to increase training in this critical area.

"To facilitate effective learning with actual performance, Lt. Buchanan utilized the animal laboratory to teach pharmacology and physiology as it relates to the practice of anesthesia. As scheduling officer for the Anesthesiology Department, she was responsible for the daily assignment of all anesthesia personnel. She demonstrated exceptional leadership and managerial ability in making equitable assignments, balancing the department's multiple commitments so that patient care would not be compromised."

Lt. Buchanan has been assigned as Branch Hospital, Adak's nurse anesthetist since November 1986.



Captain C. G. Strom, Chief of Staff, presents Letters of Appreciation to members of the headquarters staff during a recent Commander, Naval Medical Command, Northwest Region awards ceremony. (Photo by AN Deborah Davis)

Captain T. F. Levandowski, Commander, Naval Medical Command, Northwest Region, checks enlisted ranks of headquarters staff which put on best "spit and polish" for May 15 command inspection. (Photo by JOC Mike McGougan)



In a unique reenlistment ceremony, Senior Chief Hospital Corpsman Tom Ellis of Northwest Region headquarters Supply Department was reenlisted on May 20 by his wife, Lieutenant Junior Grade Maureen Ellis. Lt. j.g. Ellis is a nurse assigned to the Coronary Care Unit in Naval Hospital, Oakland. (Photo by AN Deborah Davis)



Mrs. Curlene Brown was presented a civilian performance award by Captain C. G. Strom, Chief of Staff, during a recent Commander, Naval Medical Command, Northwest Region awards ceremony. Mrs. Brown works in the Supply Department. (Photo by AN Deborah Davis)

Awards from around the GEOCOM

Navy Commendation Medal
NAVHOSP OAKLAND
Lt. Ardis Goulart
Navy Achievement Medal
NAVHOSP OAKLAND
HMC Karen Allen
Sailor of the Month
NAVHOSP OAKLAND
HM1 Diane Pulkownik
Civilian Length of Service
NAVHOSP OAKLAND
Ada Frazier - 30 years
Katherine Snyder - 20 years
Letters of Appreciation
NAVMEDCOM NWREG
Capt. C. G. Strom
Capt. Nancy Fackler
Capt. Larry Ludwigsen

Cmdr. Dennis Schipke
Cmdr. D. L. Vosloh
Lt. Craig Anderson
Lt. Jamison Whiteman
Lt. j.g. Karl Johnson
ENS Donald McKeag
ENS Velda Holthus
HMCS T.W. Ellis
HM1 D.R. Kohler
SM1 Paul Six
RM2 E.J. Jansen
HM3 Ronald Aubery
YNSN John Russell
YNSN Thomas Stanwood
HN Joseph Chipman
Laura Peabody
Good Conduct Medal
NAVMEDCOM NWREG
EN1 D.W. Atceson

OS3 J.C. Jordan
HM3 R.J. Maxon
MS3 H.L. Howard Jr.
YN3 G.W. Smith
SHCS R.M. Mocencio
Length of Service Awards
NAVMEDCOM NWREG
Dorothy Jacques
Ira Anderson
Gerald Attix
Sherry Robinson
Civilian Performance Award
NAVMEDCOM NWREG
Curlene Brown
Certificate of Appointment
NAVMEDCOM NWREG
ENS Lee Steiger Jr.
HM2 Nathan Cohen

Mercy crew continues dedication

continued from page 1

face the world with two eyes. She had a cataract operation on her left eye that became infected. The eye had to be removed by Filipino doctors and her family could not afford a false eye. So the MTF prosthetic technician made a prosthetic eye for Aida.

At first no words, just a broad, bright smile that said everything. "I thought I would never have another eye," said Aida. "I am very happy and very grateful. You've made me the happiest girl in the world."

Leila Gumnad, 51, from Davao del Norte, was one of 16 cataract patients scheduled for surgery during one port visit. Unable to afford the cost of surgery in the Philippines, she said that it was a choice of eating or seeing. Enter the USNS Mercy.

After surgery, Gumnad opened her eyes and looked at the doctor. "Oh, you're Chinese," she said, looking at the U.S. doctor who had restored her sight. "I am so grateful; thank you doctor."

A man from Davao City had 14 teeth extracted in one sitting. "He knows he's going to be in the dentist's chair tomorrow, but believe me, that pain will be minor compared to how he felt before he sat in my chair," said Captain John D. Matheson, head of the dental department.

"The patients' outcomes represent the end product of training, dedication and, most importantly, caring," remarked Capt. Sturtz.

"What most of the patients see is the effort that has gone into bringing generators, x-ray equipment, laboratory gear, dental chairs and all the other paraphernalia to their region," said Capt. Sturtz. "They also see the work, sweat and concern by many of our people."

The vice-mayor of Davao, in the southern Philippines, said, "You cannot

treat us all, but you have touched all of our hearts."

In addition to actual patient treatment, the U.S. medical staff have cross-trained with the Philippine medical personnel aboard ship, and those from civilian medical communities visited by the ship. Hundreds of physicians, student nurses and other medical practitioners have observed Mercy medical personnel in action in the clinics and in surgery. Other medical support technicians have visited the ship's blood bank, radiology areas and main laboratory.

Thousands of books, training materials, medical supplies, and goods donated by Americans and American organizations under the Navy-sponsored Project Handclasp Program have also been distributed by the Mercy staff to people and organizations in the ports visited.

The Mercy's primary mission for which she was built is the treatment of

combat casualties during conflicts. Secondly, the Mercy provides treatment to victims during natural disasters. The humanitarian mission is serving as a shakedown cruise to ready the ship's systems and medical procedures for future emergency deployments.

Commissioned late last year, the former oil tanker is the largest floating medical treatment facility in the world. The 894-foot vessel is equipped with 1,000 beds, a 12-room operating complex, an 80-bed intensive care unit, 16 wards, a blood bank, pharmacy, medical equipment repair department, optical laboratory, dental surgery/treatment clinic and dietetics facilities.

Upon completion of this humanitarian mission in mid-July, the Mercy will be homeported in Oakland, California. There, she will be maintained in a reduced operating status, ready for emergency deployment within five days' notice.

NAVHOSP Lemoore Doing it the right way

continued from page 2

ing we only have eight people assigned."

The average waiting time for a prescription is only 25 minutes. It is longer near lunch time. Her staff tries to fill orders as quickly as possible, but a certain amount of time must be taken to avoid errors.

In the future, a computer system will place patient orders over the telephone, which will eliminate much of the waiting time.

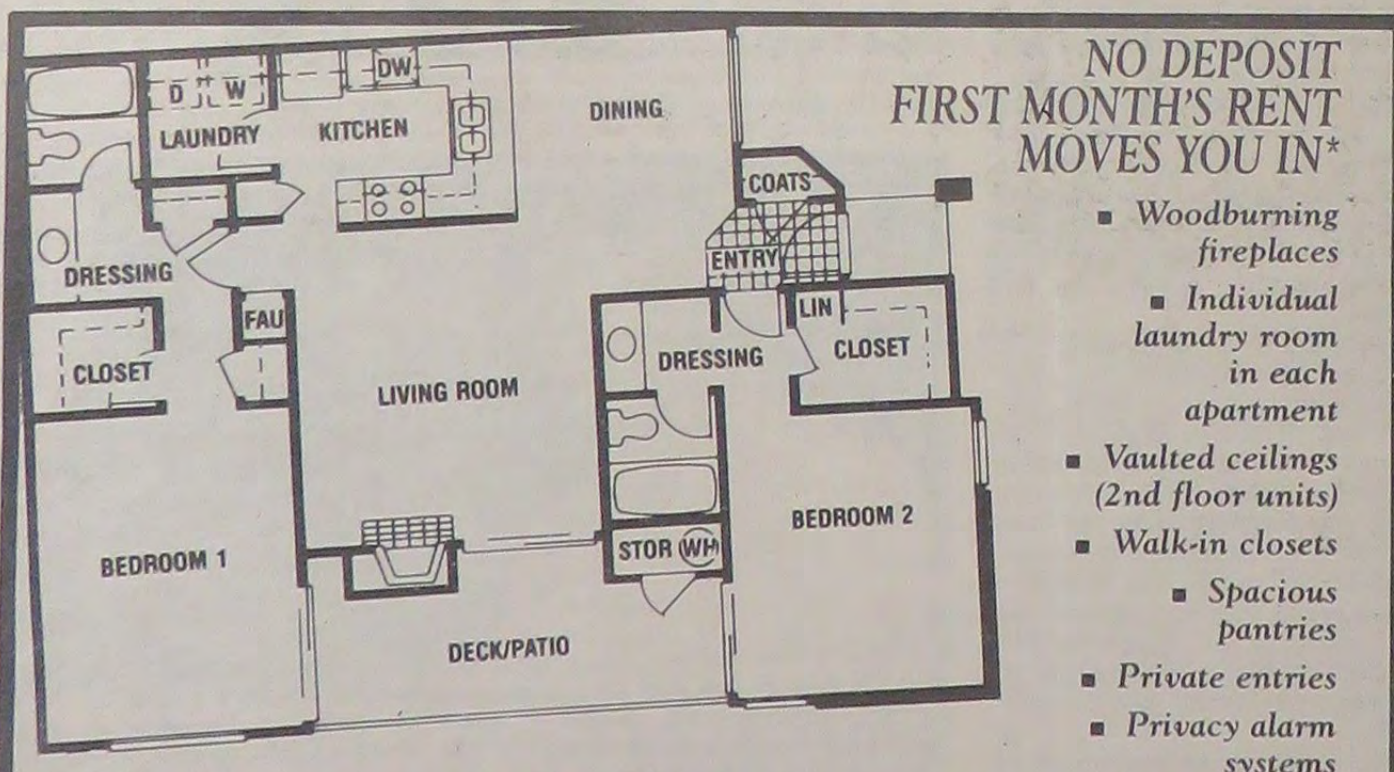
The hospital also has an annex located on the operations side of the Naval Air Station. The annex staff provides 24-hour crash response and medical coverage.

The staff sees approximately 1,100 sick call patients per month, provides 750 to 800 lab tests, 3,000 X-rays, 650 audiograms and 250 immunizations.

The annex staff also performs 180 to 200 flight and reenlistment physical exams per month.

According to Lt. Cmdr. Farnham, the major hospital goals include maintaining the quality of patient care that we are providing.

"We have a staff of primarily young, eager professionals," Lt. Cmdr. Farnham said. "That includes physicians, nursing staff, physician's assistants and corpsmen. They desire only to provide the best that they know how."



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Federalist 14 continued

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rashly attempts what it is impossible to accomplish. No my countrymen, shut your ears against this unhallowed language. Shut your hearts against the poison which it conveys; the kindred blood which flows in the veins of American citizens, the mingled blood which they have shed in defence of their sacred rights, consecrate their union, and excite horror at the idea of their becoming aliens, rivals, enemies. And if novelties are to be shunned, believe me the most

alarming of all novelties, the most wild of all projects, the most rash of all attempts, that of rending us in pieces, in order to preserve our liberties and promote our happiness.

Had no important step been taken by the leaders of the revolution for which a precedent could not be discovered, no government established of which an exact model did not present itself, the people of the United States might, at this moment, have been numbered among the melancholy victims of misguided councils, must at best have been labouring under the weight of some of those forms which have crushed the liberties of the rest of mankind. Happily for America, happily we trust for the whole human race, they pursued a new and more noble course. They accomplished a revolution which has no parallel in the annals of human society: They reared the fabrics of governments which have no model on the face of the globe. They formed the design of a great confederacy, which it is incumbent on their successors to improve and perpetuate. If their works betray imperfections, we wonder at the fewness of them. If they erred most in the structure of the union, this was the work most difficult to be executed; this is the work which has been new modelled by the act of your Convention, and it is that act on which you are now to deliberate and to decide.

Publius

National Safe Boating Week



June 7-13



Hospital Corpsman First Class A. L. Newman was presented a Navy Achievement Medal for his outstanding performance in the headquarters staff Medical Repair Station. (Photo by AN Deborah Davis)

Quote of the Week

When they begin the beguine

When they begin the beguine
It brings back the sound of music so tender,
It brings back the night of tropical splendor,
It brings back the memory ever green.

I'm with you once more under the stars
And down by the shore an orchestra's playing,
And even the palms seem to be swaying
When they begin the beguine.

To live it again is passed all endeavor
Except when that tune clutches my heart.
And there we are swearing to love forever,
And promising never never to part.

What moments divine, what rapture serene,
'til clouds came along to disburse the joys we had tasted.
And now when I hear people curse the chance that was wasted.
I know but too well what they mean.

So don't let them begin the beguine!
Let the love that once a fire remain an ember
Let it sleep like a dead desire I only remember
when they begin the beguine.

Oh yes let them begin the beguine,
Make them play
Let the stars that were there before return above you,
'til you whisper to me once more, darling I love you.
And we suddenly know, what heaven we're in,
When they begin the beguine!

—Cole Porter
born June 6, 1891



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Norwester

Humanitarian voyage brings cures, blessings

Filipino's desperate search for Mercy

By Technical Sergeant Cordelia L. Rackley, USAF

Ed Note: The following story was related to TSgt. Rackley by Philippine interpreter Helen Retardo.

(ABOARD THE USNS MERCY (T-AH 19), CALBAYOG, R.P.) —Filomena Ordis needed medical attention for a long time and she knew it. When she heard on the radio about a U.S. Naval hospital ship visiting her city, she went to seek the ship's aid. However Ordis was too late. She'd only heard the news the day the ship was pulling out.

"I went to the site where I heard about patients being treated (in Cebu), but when I got there, one of the medical people told me I was too late; they were getting ready to leave. I begged them to please see me," she recalls.

The woman who spoke to Ordis told her that she might have a chance if she met the ship in its next port. With determination, that's what she set out to do.

"I sold my pig to get here," says Ordis from her hospital bed aboard the Mercy, now in port in Calbayog. "It was for 100 pesos less than what I wanted, but it didn't matter. I wanted to get here."

Ordis, like hundreds of other patients on various islands, underwent surgery on board the U.S. Navy's newest hospital ship, USNS Mercy.

Ordis is a 66-year-old widow who supports both her daughter and granddaughter by renting out private baths at her home in Cebu City for 15 pesos a day. She sold her 3-month-old pig for 700 pesos (\$35) to buy her and her daughter the 12-hour boat ride to Calbayog.

Ordis learned that it would have cost her 17,000 pesos in a private hospital to have the surgery she required.

"I didn't know what, but I felt something really wrong with me," she says. "I couldn't afford that kind of money so I got on the boat and came here."

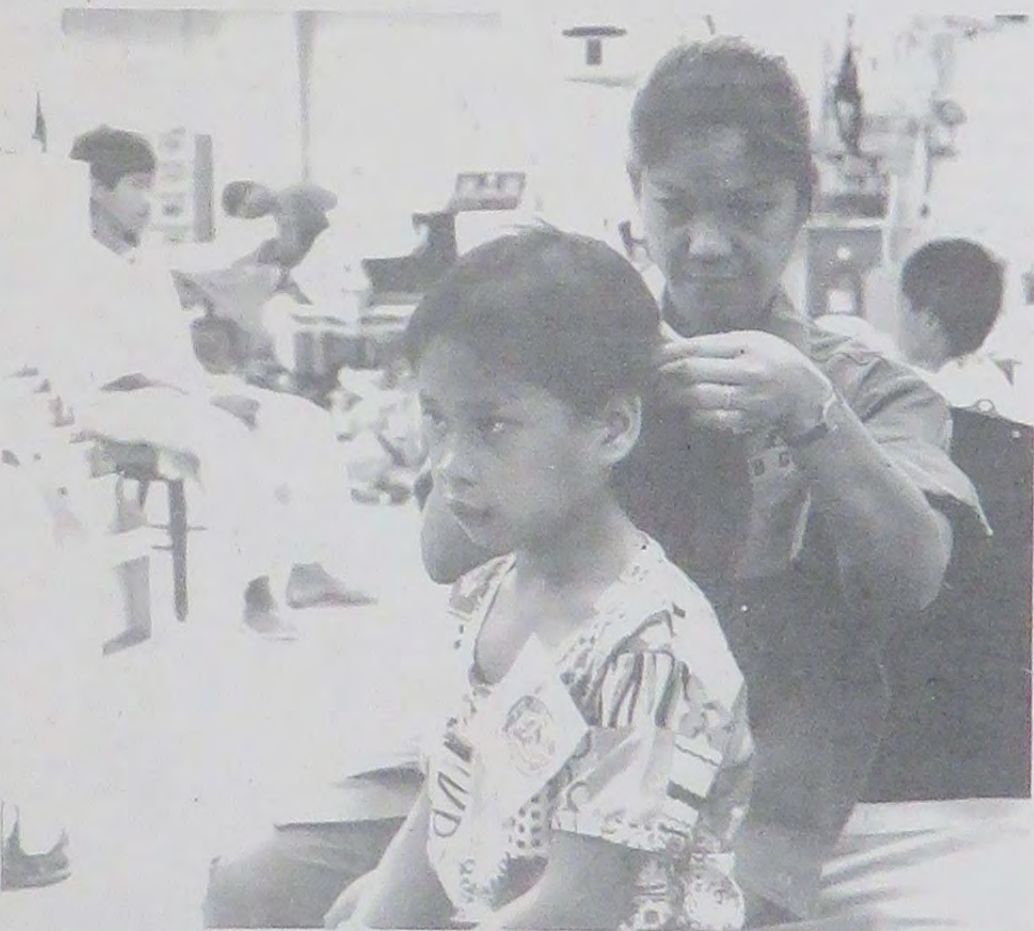
Ordis was able to be seen at the Calbayog Medical/Dental Civic Actions Project site set up on shore during its first day of operation. She was admitted onboard the Mercy, where major types of surgery are performed, that same day. She underwent a total vaginal hysterectomy and repair.

"I feel I got more than I expected," she says of her in-patient care on the ship. "I did not really want much—just to get operated on and get well. I'm very happy with the care given me. This ship—it amazes me—it's a city in itself."

please see page 2



Lieutenant Patricia Hughes talks with Asuncion's mother on post-operative care of her daughter while the little girl listens attentively. Hughes, permanently assigned to the Medical Branch Clinic at the U.S. Marine Corps Air Station, Iwakuni, Japan, volunteered for the humanitarian mission.



Philippine Army Lieutenant Blenda Aragon combs Asuncion's hair to get her ready for discharge after being confined at the ship's Pediatric Ward for cleft-lip operation. Aragon is one of over 60 personnel from the Philippine medical community assigned to Mercy for the humanitarian mission to the country.

Mercy: Humanity above and beyond

Story and photos by JO1 Dan Guiam

Every night before going to bed, Elena Aycocho would kneel in front of her altar and pray to God about the plight of her two daughters with cleft lips. It's been her lifelong dream and her husband's to see the girls' deformity corrected so they can live a normal life.

Elena's prayers were answered, but she hasn't stopped praying. This time she prays, as she put it, to say her endless thanks to the men and women of the U.S. Navy's newest hospital ship USNS Mercy for coming to her rescue.

"The visit of Mercy to Legazpi City was a God-given gift to me," said the 40-year-old mother of seven children. "All my life I've been looking for ways and means to help my daughters get the much needed operation. It was in vain until I heard an announcement on the radio about the Mercy's humanitarian mission. I got excited and decided to do what it takes to get my two daughters admitted to the ship."

Elena and her two daughters, 12-year-old Melody and 13-year-old Asuncion, woke up early the day the Mercy began its mission in Legazpi to arrive ahead of hundreds of patients seeking treatment. They packed their lunch and eagerly left their thatched barrio home only to be greeted by a large throng of people milling at the treatment site.

For three consecutive days, they stood in line from the moment the treatment session began until the Mercy medical and dental team closed shop. Elena knew she had to do something or else her daughters wouldn't receive medical attention as the ship's visit to the city drew to a close. She befriended a lady who made Elena's plight known to U.S. Navy Lieutenant Michael Sashin of the Mercy's Patient Affairs Division. Elena's face lighted up with high hopes. The next day, her daughters were admitted to the ship for surgery.

Unfortunately, Asuncion had an asthma attack during the pre-operation process. Her surgery had to be postponed since Mercy was scheduled to leave the next day and the ship couldn't take her. But Melody was healthy and underwent a successful operation. Of course, the mother was happy to see that, but somehow she was also concerned about her other daughter.

"The doctors told me that I could bring my daughter to Davao, where the ship was heading," Elena said. "Davao is a long way from Legazpi. I didn't want my daughter to be separated from me that

please see page 2

News

Deployment of Mercy

A time for emotions, and for excitement

By Howard G. Thomas and LCDR Daniel Speece

The Navy hospital ship USNS Mercy (T-AH 19) enters her fourth month deployed on a humanitarian training mission to the Republic of the Philippines. Carrying out a commitment by U.S. President Ronald Reagan to Philippine President Corazon Aquino, the Mercy medical team has treated over 30,000 patients in a half dozen ports.

Navy Nurse, Lieutenant Commander Daniel Speece, a Ward Nurse on the world's largest floating hospital, reflected on Mercy's deployment.

"Like the way a new ring becomes familiar, this ship has become comfortable and is no longer mystifying. Her crew members are no longer strangers. Her mission is underway.

"Life aboard Mercy at sea is decidedly a new adventure. Few of us have been to sea before, so there are few reference points. A routine settled in after a few days. Lots of off-duty time is spent studying the ocean with its mood ranging from a soothing cobalt blue to a raging foaming gray. We watch for whales. Someone sights land. Hawaii! We steam by."

USNS Mercy is as large as a battleship. She has a crew of over 600 medical and non-medical personnel from the Navy, Army, Air Force, and Public Health Service. A converted oil tanker, Mercy has 1,000 patient beds, 12 operating rooms, an 80-bed intensive care unit and space for a crew of 1,200. She is the largest hospital ship in the history of the world, and the most capable.

"As we explored this white monolith," said Lt. Cmdr. Speece, "it seems smaller and less threatening. Our legs slowly accept the challenge of endless steps. New khaki and dungaree uniforms are well broken in. Personal contacts form among the departments: the ship becomes more personalized. Names and faces are more familiar. We realize that we are all in the same business, for the same purpose—the mission.

"Adjustments must be made in our lives. We all knew it, even expected it; doing without the amenities of landed life. You can't appear unshaven at the breakfast table in your bathrobe and slippers. Head calls must be carefully planned because you may have to travel the length of the ship. There is little privacy, no evening martini, no phone calls, no Sunday funnies. Your attire for every waking moment is the uniform of the day. Hugs

become memories. Shipmates become family.

"Sailing steadily west, we skip hours, even a day. The weather which was chilling as we left San Diego becomes increasingly oppressively hot and humid. The tropics loom close by, somewhere over the horizon.

"Without fanfare, we finally steam into Subic Bay, Republic of the Philippines. We've been told that the original three-day stop had been extended to 10, and that we would treat patients onboard as well as at the Medical Civilian Action Program (MEDCAP) site on the beach.

"The MEDCAP site in Subic consisted of about a dozen green and white striped tents, not unlike those found on the parking lot of any discount store. There is not a tree in sight—just relentless sun and heat. Each of the major specialties had a tent: Medicine, Surgery, OB-GYN, Pediatrics, Dermatology, ENT, Ophthalmology, Optometry, X-Ray, and Pharmacy.

"Each tent was quickly set up with black plastic dividers in order to establish 'treatment' rooms. Shingles appeared as the doctors moved into their offices. Patients were assembled at a site about three kilometers away, arriving by buses from various areas around Subic Bay. Each day about 5,000 patients arrived. Their miracle tied to a pier, their prayers answered. We saw 1,000 patients per day in all the clinics.

"The range and extent of diseases gave me a new regard for the ravages that a human being can endure and survive. We saw end-stage tuberculosis of the lung, kidney, lymph nodes; goiters the size of softballs; 15-pound ovarian cysts; unseeing ghost eyes opaque from cataracts or corneal disease, long bone fractures that were never reduced; tumors with unreal dimension, color and pulsation: lumps and bumps by the hundred.

"Common surgeries performed aboard the ship included cataract removal, hysterectomies, hernia repairs, scar revisions from ghastly burns, goiter resections and orthopedic surgery on bone masses and malformations.

"The dental department went full steam ahead, providing extractions and reconstructive work that provided pain relief and functional improvements.

"The many children with cleft lips and palates were truly given a new start on life. They were the epitome of this mission. Under the direction of Lieutenant Kathy Pierce, the ICU staff became their mothers and fathers: comforting, healing, feeding and loving."

The primary purpose of the mission is to give military medical practitioners an opportunity to practice medicine on a hospital ship. The Navy has not had a hospital ship in operation in over a decade. This mission provides the opportunity to learn and to practice skills and techniques that are unique to a hospital ship environment.

According to Lt. Cmdr. Speece, "One of the most essential elements of this mission has been the Philippine nationals who came aboard in Subic, doctors, nurses and technicians from the Philippine military services, extraordinarily skilled, compassionate and dedicated. In addition to their primary role as health care providers, the RN's provided translation services, explained ward routine, pre- and post-op instructions, answered ques-



tions and provided comfort. I don't see how we could ever have accomplished our mission without them.

"Our second port of call was Lagazpi on the island of Luzon. After leaving Subic Bay, it was a 24-hour transit, which was decidedly uneventful. Looking from the ship anchored in the bay, I could see no skyscrapers, no factory smokestacks—only huts nestled on one side of the harbor. The huts are made from thatch of a heavy brown patina, indicating hard wear and exposure to the elements. About half of the buildings are wooden, the remainder are concrete. Windows are generally without glass, sometimes boarded over, sometimes barred. The main street is paved (mostly) and bustling with jeepnies, children, chicken vendors, and pedestrians on their way to some shop or field. A local 'lumberyard' is about 15 feet by 30 feet, four walls filled with thatch panels and 4 x 8's. Shops are nestled in every quarter with fiber products and foodstuffs featured as specialties.

"According to my research, at least 20 jeepnies are honking their horns at any given moment. There must be a hundred

in operation during the day. There is no litter on the street, and the city's inhabitants have pride and refined softness.

"A crowd greeted us each day as we arrived on the pier, sizing us up, smiling shyly. Many of the parents brought their children so that they could see what Americans actually looked like. I wasn't sure if they were disappointed or not. Many could speak English, and many of us took time to get to know each other. I showed one young boy how to listen to his heart with a stethoscope. He was amazed. Another was thrilled to learn my animal imitations of mice, elephants and fish. Children are children. They all laugh at the silly things that their fathers do. I'm sure the youngster's mother thought I was crazy.

"The MEDCAP site at Legazpi about three kilometers from the pier. The ride through town was particularly enjoyable. The actual clinic was housed in a stucco schoolhouse built about 1924. It had one hallway, routed in a square with the classrooms located on the outboard. An asphalt court filled the middle of the square. The classrooms had high ceilings

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USNS Mercy

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far. I wanted to be close to her in case something happens, and besides we didn't have the money to travel. My husband is only a farmer.

"So I had to wait till the ship docked in Calbayog," she said. "But then again I didn't have any money to travel from Legazpi City. It costs a hundred pesos (about \$5) for the 12-hour bus ride. The Philippine Constabulary was kind enough to give me a pass for a one-way ticket. My husband gave me fifty pesos (about \$3) for my food allowance. When we arrived in Calbayog, I didn't know where to go. I don't have any relatives or friends there. It didn't matter, though, for all I cared about was having my girl treated.

"I decided to camp out in front of a theater lobby close to where the Mercy's treatment site was. A lady who lives across the theater saw the apprehension on my face and she invited me to stay

with her family. That cheered me up a bit."

At least Elena didn't have to go through the ordeal of another wait when Mercy opened its door for treatment in Calbayog City. Her daughter was admitted right away. Her case was an exception.

It was indeed a happy ending for the Aycochos, but mother and daughter had yet to find a way to go back to Legazpi. Lt. Sashin, who was following up the Aycochos' plight sensed their needs.

"Lt. Sashin walked up to me and said, 'Here's two hundred pesos for your bus fare,'" said Elena, "but when I later checked the money, I counted three hundred pesos (about \$15). I went back to the treatment site to turn in the extra sum, only to be told it was for our food when we're hungry on the way home. I cried as I walked out of the treatment site. God is so good to me. The Mercy is a blessing."

Filipono's desperate search

continued from page 1

Ordis has not had contact with Americans since World War II during the liberation. "One of your U.S. soldiers visited my house then and asked me if my son was Japanese or American. I don't

know why; I guess because of the way he looked. But he came to visit and play with my son every day after that."

Though she sold her pig for what she calls "a cheap price," Ordis says she has no regrets. "It was worth it for me," she says. "It was worth its weight in gold."

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Commander CAPT. T.F. Levandowski
Public Affairs Officer H.G. Thomas
Editor Jonathan S. Arnowitz
Editorial Consultant JOC Mike McGougan
Staff Photographer AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolison
AV: 317-692-4178
Branch Clinic Stockton
HMCS G.W. Chraska
AV: 468-7445/6
Branch Clinic Alameda
HM3 Richard Demerest
(415) 869-4314

Life in a hospital ship ward

By Howard G. Thomas

What is it like to work on the largest hospital ship in the history of the world? Lieutenant Commander Daniel J. Speece paints a vivid picture. He is the Charge Nurse on the USNS Mercy (T-AH 19) pre-op and post-op ward.

The Navy hospital ship Mercy is in her fourth month of a humanitarian training mission in the Republic of the Philippines. Lt. Cmdr. Speece describes setting up and managing a ward on the ship.

"The ward begins to take shape from the deck up. I've never had to build a ward before. A staff is assigned, tentative interactions begin, a sense of 'team' evolves as space 2-44-0 becomes a busy, fully equipped, and functional clinical area.

"The staff is a blend of Army, Air Force, Public Health Service and Navy. The breadth and depth of their clinical expertise and knowledge makes it clear to me that I don't have a corner on clinical expertise or management skills. It is a Charge Nurse's dream come true—motivated, energetic, enlightened, seasoned professionals and all with proven track records. My corpsmen and technicians likewise display remarkable ability and devotion. My supply petty officer stays until midnight 'to get this place ready.' His shipmates help him lug boxes and equipment. The ward grows. The people piece it into a reality. Everyone digs in establishing the Mercy way.

"The ward routine is a curious tri-service blend of habits. It is not a Navy show. We learn from each other. We have the best shop on board. I am honored to be in charge of my ward.

"One of the more interesting aspects of the cruise is in getting to know your shipmates. There is no escape here, and no one can maintain a mask for long. I've worked with two of my shipmates here who worked for me at Oakland for over a year. I guess I never knew much about them, other than they were dedicated and talented professionals. It is delightful to get to know them, to relax, complain, moan, confide, and 'shoot the breeze' with

them.

"Our department head is Captain Glass. She is optimistic and fully charged. She is in her element, a caring, sharing person. I couldn't imagine anyone else being here to do the job. She can even keep free-wheelers like me in some semblance of order.

"We've split the days into 12-hour shifts, getting one day off in ten. The shifts are long and demanding. In addition to providing medical care, we are the janitors. We are also in the business of feeding the patients from a galley, and cleaning up everything in the scullery. The efforts and support of Air Force Captain Judy Delagarza, head of dietetics, have been instrumental in the accomplishment of our tasks.

"Meal time gives new meaning to the word confusion. About an hour before serving time, we push a heavy metal food warmer up to the mess decks, where it is loaded with the goodies for the meal. We retrieve the food warmer and dish out the food onto trays for the patients. The trays are the brown kind that you may recall from elementary school. We have had as many as 70 patients on the ward at one time. Serving and cleaning up are time-consuming chores. Clean up takes at least an hour, and involves all sorts of disgusting jobs. All the trays, glasses, flatware and serving utensils must be wiped off, washed twice, rinsed twice (all by hand) and then fed into the sanitizer. The scullery quickly becomes a haven of uneaten food, spilled drinks, trash and an occasional word or two which may not please your mother.

"To start, we had some difficulty in maintaining our patients in a NPO (nothing by mouth) status pre-operatively. Despite repeated teaching and instruction, problems occur. Seems that bunk mates feel sorry for their pre-op neighbors and offer them a few nibbles, or a little something to drink. We've settled upon a workable, albeit aggressive, method. All pre-op patients are taken outside of the ward during the meal time and kept company by a corpsman."



Lt. Cmdr. Speece explained that the work is tough and the hours long, but staying busy, working hard and making friends helps the time pass, and makes life on the ship tolerable.

Speece continues, "We hope to return in mid-July to rejoin our families, friends and parent commands. That will be over 60,000 patients from now (mid-April). It seems endless at times, and we miss so

much. We know that you all must be working very hard, under difficult constraints, and that you must be very tired. We would like to hear from you, so if you have any friends aboard Mercy, drop them a line and let them know what's happening in your life. We are anxious to rejoin you, the USNS Mercy support team!"

Bake sale/raffle to benefit zoo

Members of commands of the Naval Medical Command, Northwest Region complex—and all interested individuals—will have an opportunity to be good neighbors to the Oakland/ Knowland Park Zoo during a benefit bake sale and raffle on June 30.

The bake sale and raffle will be held beginning at 7 a.m. in Buildings 62A (Headquarters), 101 (Library/Post Office), and 505 (Supply). Floral arrangements decorating the bake sale tables at each location will be raffled during the sale. Tickets will be 25 cents for one of 6 for \$1.

All proceeds will be donated to the zoo to buy as many bricks as possible for the walkway to the entrance that has been built by contributions. The zoo needs support and has been conducting a fund-raising drive, dedicating bricks to individuals and

organizations that donate \$25 per brick. Each brick in the walkway at the entrance to the zoo bought from proceeds of the bake sale and raffle will be inscribed, "NAVMECOM NW Region."

Contact one of the following people prior to June 26 to pledge or donate baked goods and/or to assist as a salesperson: Mrs. T. F. Levandowski, 635-9111; Marge Lesage, 633-6200, ext. 16; Wanda Capello, 633-6200, ext. 18; Hospital Corpsman First Class Lori Rucklos, 633-6323; or Hospitalman Veronica Maff, 633-6146.

People or families desiring to further participate in the zoo "brick drive" may obtain information and donation envelopes in the NAVMECOM NWREG Commander's or Chief of Staff's Office.

Bravo Zulu for Med Repair, Bremerton

An accidental electrocution of a patient in a civilian Seattle hospital alerted the nursing staff at the Naval Hospital, Bremerton to evaluate equipment currently utilized for patient care.

In December 1986, at the civilian hospital, a child undergoing cardiac monitoring received a fatal charge of alternating current from a wall power outlet. This accident occurred when an electrical power cord for an electronic intravenous fluid pump became disconnected from the pump and then accidentally connected to single lead electrode

cables attached to the patient's chest.

This tragedy prompted Commander J. Smith, Head, Inpatient Nursing Department to contact the Nursing Department Quality Assurance Coordinator, Lieutenant Commander W. Lukasik, to evaluate the potential for such an injury to occur at the Naval Hospital. In conducting a survey of the hospital's present equipment inventory, a surprising discovery was made: two of the hospital's most recent equipment acquisitions, Critikon Dinamap SX1846 and the Ohmeda Pulse Oximeter Biox 3700, were found to have detachable power cords.

Once detached, these power cords became, in effect, "extension cords". These "extension cords" could allow inadvertent connection of other electrical wiring or accidental entry of fluid while in use in patient care areas.

The Biomedical Repair Department of the hospital modified both pieces of equipment by attaching a nylon wire between the power cord and the instrument housing. As a result, the possibility of unplugging the power cord and accidentally re-attaching it to an inappropriate source is eliminated.

In addition to making the modifications on this equipment, the medical repair section now presents added content to their portion of the hospital's orientation program for new personnel. Based on this tragic accident and the measures taken to prevent a similar incident at Naval Hospital, Bremerton, the Nursing Directorate personnel are placing far greater emphasis on teaching content related to avoiding electrical hazards in the delivery of patient care.



Hospital Corpsman Second Class Douglas Harvey is shown with the Ohmeda Pulse Oximeter Biox 3700 to which the nylon tie modification has been added (see inset).

Happenings around the Clubs

Starting next month, a new regular feature of the *Norwester* will feature news about the latest events happening in region clubs. Both the Officers' Clubs and the Enlisted Clubs feature exciting special events. These events take place all over the Northwest Region and this column will focus in on the many happenings.

Of particular interest are new programs and services, such as the Naval

Medical Command Northwest Region's Enlisted Club which now features a special delicatessen bar. Features on this and other club news will be given on a regular basis.

If you wish to announce an event or service please send a notice six weeks in advance of the event to: The Clubs, c/o *Norwester*, Naval Medical Command Northwest Region, Oakland, California 94627.

Our Constitution:

Hamilton's role in the Federalist Papers

by Jonathan Arnowitz

The *Norwester* continues its year-long series, "The Federalist," celebrating the 200th birthday of our Constitution. This series covers the works of Alexander Hamilton, James Madison, and John Jay, written as a commentary on the Constitution. The papers were originally written to convince the people of New York to adopt the Constitution. Today, the Federalist papers are regarded as the primary source for interpreting and understanding our government.

This issue will look at Federalist Twenty-three, written by Alexander Hamilton. Briefly, let's look at Hamilton's role as a co-author of both the Constitution, and the Federalist papers.

Hamilton was the only New York

representative to the Constitutional Convention. The rest of New York's delegation walked out in protest.

New York walked out in protest of the convention because they strongly objected to a new Constitution. Their objections were two-fold. First, the Convention was convened just to modify the existing Articles of Confederation. Many people, then feared a run away convention would ruin the American freedom they had so vigorously fought during the revolution. Just as today, where there is an increasing demand to hold a Constitutional Convention to "modify" our Constitution. The New York delegation objected to the Convention's decision to draft an entirely new constitution.

Secondly, New York was a very

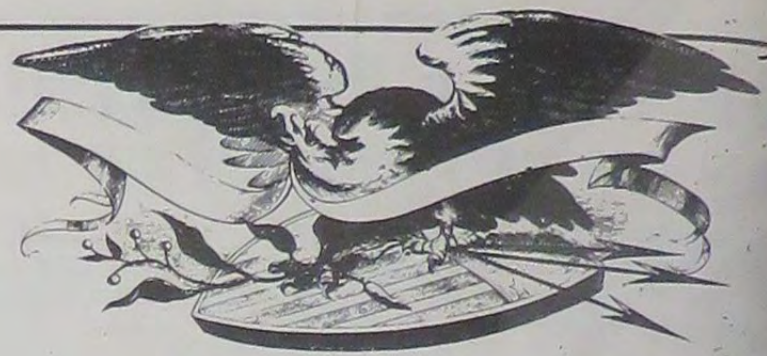
wealthy state then. They believed that they would end up paying for the whole country. They felt they would be supporting more of the country than they were getting out. Furthermore, New York wielded much authority not only a rich state, but also a powerful one. A retention of weak constitution was in their best interests.

Alexander Hamilton, however, did not view the Convention in such narrow self-interest. He, though at first opposed to the idea of a new Constitution, became one of its most ardent supporters. Rather than walking out, Hamilton recognized the need for a new Constitution and worked to have one framed to represent New York.

Hamilton then formed a coalition with

his one-time enemy James Madison after a compromise was reached to our present Constitution.

Hamilton, realizing that his own state New York was not going to ratify the Constitution, appealed to James Madison to help him write a series of papers that would convince his home state to adopt the Constitution. They, with John Jay, then set about to write this series of papers we now call the federalists. Madison, concentrated on the theoretical and philosophical discussions about the Constitution. Jay wrote about foreign policy and treaties. Hamilton, however, concentrated on the mechanics of government, explaining how it will work. These papers, then political pamphlets, are now revered commentary on the Constitution.



Defending our country, protecting our people

The Federalist No. 23: HAMILTON
December 18, 1787

To the People of the State of New York

The necessity of a Constitution, at least equally energetic with the one proposed, to the preservation of the Union, is the point, at the examination of which we are now arrived.

This enquiry will naturally divide itself into three branches—the objects to be provided for by a Federal Government—the quantity of power necessary to the accomplishment of those objects—the persons upon whom that power ought to operate. Its distribution and organization will more properly claim our attention under the succeeding head.

The principal purposes to be answered by Union are these—The common defence of the members—the preservation of the public peace as well against internal convulsions as external attacks—the regulation of commerce with other nations and between the States—the superintendence of our intercourse, political and commercial, with foreign countries.

The authorities essential to the care of the common defence are these—to raise armies—to build and equip fleets—to prescribe rules for the government of both—to direct their operations—to provide for their support. These powers ought to exist without limitation: Because it is impossible to foresee or define the extent and variety of national exigencies, or the correspondent extent and variety of the means which may be necessary to satisfy them. The circumstances that endanger the safety of nations are infinite; and for this reason no constitutional shackles can wisely be imposed on the power to which the care of it is committed. This power ought to be co-extensive with all the possible combinations of such circumstances; and ought to be under the direction of the same councils, which are appointed to preside over the common defence.

This is one of those truths, which to a correct and unprejudiced mind, carries its own evidence along with it; and may be obscured, but cannot be made plainer by argument or reasoning. It rests upon axioms as simple as they are universal. The means ought to be proportioned to the end; the persons, from whose agency the

attainment of any end is expected, ought to possess the means by which it is to be attained.

Whether there ought to be a Federal Government intrusted with the care of the common defence, is a question in the first instance open to discussion; but the moment it is decided in the affirmative, it will follow, that that government ought to be clothed with all the powers requisite to the complete execution of its trust. And unless it can be shewn, that the circumstances which may affect the public safety are reducible within certain determinate limits; unless the contrary of this position can be fairly and rationally disputed, it must be admitted, as a necessary consequence, that there can be no limitation of that authority which is to provide for the defence and protection of the community, in any matter essential to its efficacy; that is, in a matter essential to the formation, direction or support of the NATIONAL FORCES.

Defective as the present Confederation has been proved to be this principle appears to have been fully recognized by the framers of it; though they have not made proper or adequate provision for its exercise. Congress have an unlimited discretion to make requisitions of men and money—to govern the army and navy—to direct their operations. As their requisitions were made constitutionally binding upon the States, who are in fact under the most solemn obligations to furnish the supplies required of them, the intention evidently was, that the United States should command whatever resources were by them judged requisite to "the common defence and general welfare." It was presumed that a sense of their true interests, and a regard to the dictates of good faith, would be found sufficient pledges for the punctual performance of the duty of the members to the Federal Head.

The experiment has, however demonstrated, that this expectation was ill founded and illusory; and the observations made under the last head, will, I imagine, have sufficed to convince the impartial and discerning, that there is an absolute necessity for an entire change in the first principles of the system: That if we are in earnest about giving the Union

energy and duration, we must abandon the vain project of legislating upon the States in their collective capacities: We must extend the laws of the Federal Government to the individual citizens of America: We must discard the fallacious scheme of quotas and requisitions, as equally impracticable and unjust. The result from all this is, that the Union ought to be invested with full power to levy troops; to build and equip fleets, and to raise the revenues, which will be required for the formation and support of an army and navy, in the customary and ordinary modes practiced in other governments.

If the circumstances of our country are such, as to demand a compound instead of a simple, a confederate instead of a sole government, the essential point which will remain to be adjusted, will be to discriminate the OBJECTS, as far as it can be done, which shall appertain to the different provinces or departments of power; allowing to each the most ample authority for fulfilling the objects committed to its charge. Shall the Union be constituted the guardian of the common safety? Are fleets and armies and revenues necessary to this purpose? The government of the Union must be empowered to pass all laws, and to make all regulations which have relation to them. The same must be the case, in respect to commerce, and to every other matter to which its jurisdiction is permitted to extend. Is the administration of justice between the citizens of the same State, the proper department of the local governments? These must possess all the authorities which are connected with this object, and with every other that may be allotted to their particular cognizance and direction. Not to confer in each case a degree of power, commensurate to the end, would be to violate the most obvious rules of prudence and propriety, and improvidently to trust the great interests of the nation to hands, which are disabled from managing them with vigour and success.

Who so likely to make suitable provisions for the public defence, as that body to which the guardianship of the public safety is confided—which, as the center of information, will best understand the ex-

tent and urgency of the dangers that threaten—as the representative of the WHOLE will feel itself most deeply interested in the preservation of every part—which, from the responsibility implied in the duty assigned to it, will be most sensibly impressed with the necessity of proper exertions—and which, by the extension of its authority throughout the States, can alone establish uniformity and concert in the plans and measures, by which the common safety is to be secured? Is there not a manifest inconsistency in devolving upon the Federal Government the care of the general defence, and leaving in the State governments the effective powers, by which it is to be provided for? Is not a want of co-operation the infallible consequence of such a system? And will not weakness disorder, an undue distribution of the burdens and calamities of war, an unnecessary and intolerable increase of expence, be its natural and inevitable concomitants? Have we not had unequivocal experience of its effects in the course of the revolution, which we have just accomplished?

Every view we may take of the subject, as candid enquirers after truth, will serve to convince us, that it is both unwise and dangerous to deny the Federal Government an unconfined authority, as to all those objects which are intrusted to its management. It will indeed deserve the most vigilant and careful attention of the people, to see that it be modelled in such a manner, as to admit of its being safely vested with the requisite powers. If any plan which has been, or may be offered to our consideration, should not, upon a dispassionate inspection, be found to answer this description, it ought to be rejected. A government, the Constitution of which renders it unfit to be trusted with all the powers, which a free people ought to delegate to any government, would be an unsafe and improper depository of the NATIONAL INTERESTS, wherever THESE can with propriety be confided. the co-incident powers may safely accompany them. This is the true result of all just reasoning upon the subject. And the adversaries of the plan, promulgated by the Convention, ought to have confined

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June 19, 1987

HMCM Hillberry retires from Navy medicine



Senior Chief Hospital Corpsman Peter Hillberry concluded over 27 years of active duty naval service at a recent retirement ceremony in his honor at Naval Air Station Whidbey Island hangar 9. On

hand were the Naval Hospital Oak Harbor corps as well as a Marine detachment and guests, including Hillberry's wife, Carolyn; daughter, Sheri; son, Brian; mother Etta; and brother, Joe.

Hillberry, from Meeteetse, Wyoming, intended to make the Navy a career from the start in January 1960.

"I enlisted because I wanted a career with definite goals and a retirement. I joined the Navy because I enjoyed the water and wanted to be a boatswain's mate so I could drive boats," Hillberry said.

His plans changed while at NTC San Diego. "I was going to have to stay at NTC for four years unless I changed my plans to strike as boatswain's mate, so I decided to strike as a hospital corpsman and that got me out of NTC. Since then I've never looked back. Every day, every step has been a new step."

When asked about his most memorable assignment, Hillberry said, "That was when I was attached to 1st Battalion, 4th Marine Division. We were on alert for six months and had done a lot of training and preparation. The corpsmen I helped train during that time were soon involved in the operation to rescue the Mayaguez crew. I was happy to see people I trained perform well."

"My most rewarding position has been as Health Benefits Advisor here at

Naval Hospital [Oak Harbor]. This is because I could see the outcome of my help. It was nice to see CHAMPUS beneficiaries keep their own money in their pockets," Hillberry said. "It has always been a pleasure to come to work."

Hillberry had advice for new recruits: "If you want to strike as a Hospital Corpsman, stay in the operational forces. That's where the valuable training is." He also encouraged physicians to train corpsmen at every opportunity. With this training corpsmen can be effective health care providers in the field. Citing an example, Hillberry said, "When I was stationed aboard the USS Sperry, the physician trained the corpsmen in the treatment room on the job. Within six months, the corpsmen were competent enough to handle most of the sick call patients. This gave the physician more time to treat the serious or special cases."

Hillberry and family plan to stay in Oak Harbor permanently. He will continue to work in the health benefits field. In the meantime, Hillberry also plans to do some fishing, saying, "I'm still trying to catch that halibut—the big one!"

Kudos for Naval Hospital, Bremerton



Senior Chief Hospital Corpsman C. C. Causey is frocked to his present rate by Master Chief Hospital Corpsman MacIntyre and Commander McKee. Congratulations to Causey for achievement of this milestone in his career.



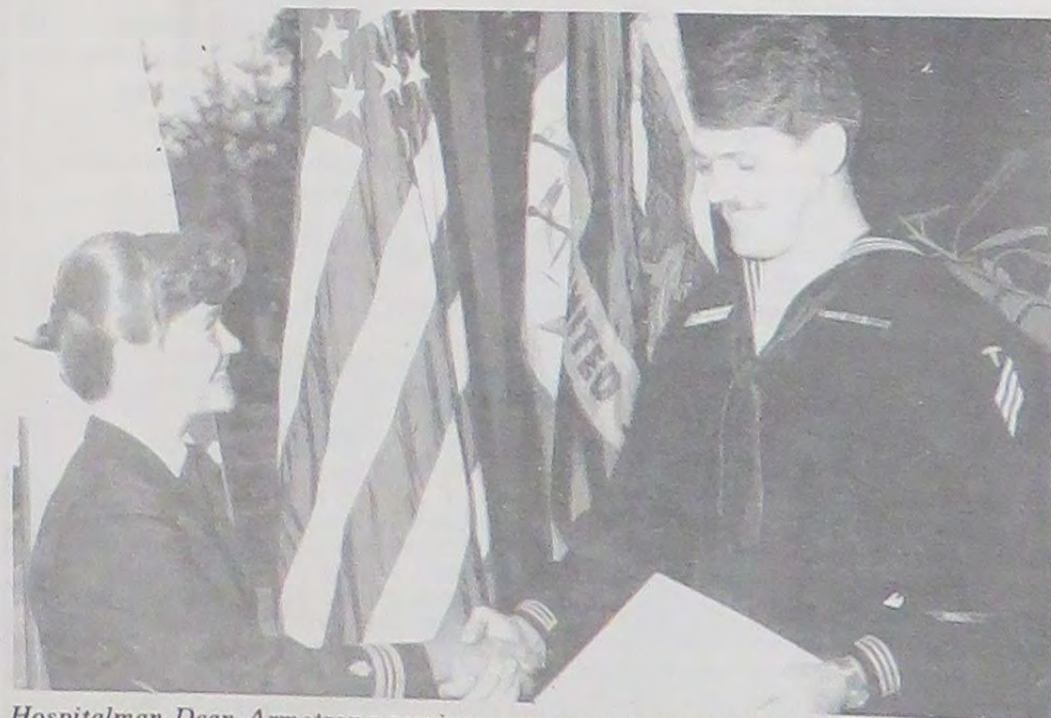
Hospital Corpsman Third Class William Williams is presented a Letter of Commendation from the Commanding Officer, Naval Hospital, by Commander Smith prior to his transfer to Preventive Medicine Technician School in Oakland, California.



Dorothy Cokelet was recently honored at a retirement ceremony for her 20 years of dedicated Federal service. Cokelet's most recent assignment was with the Supply Department at Naval Hospital



Hospital Corpsman Third Class Mark Mills receives a Certificate of Reenlistment after reenlisting for six years. Mills received a Selective Reenlistment Bonus (SRB) when he reenlisted on April 17.



Hospitalman Dean Armstrong receives a congratulatory handshake from Lieutenant Commander Jean Thurber, who administered his reenlistment oath on April 10. Armstrong utilized his Guard III assignment to receive orders to USS Fletcher, homeported in Long Beach, California.



Quote of the Week

Forsaking beauty and the sensual happiness attached to it, exclusively serving misfortune, calls for a nobility I lack. But, after all, nothing is true that forces one to exclude. Isolated beauty ends up simplifying; solitary justice ends up oppressing. Whoever aims to serve one exclusively serves injustice twice.

—Albert Camus

"Non-cooperation with evil is as much a duty as is cooperation with good."

—Mohandas Gandhi

Deployment of Mercy

continued from page 2

with a single electrical outlet. One wall was entirely covered with windows and an ingenious wood louver system. The air circulation was quite good.

"Patients gathered for primary triage about 100 yards away, across a soccer field complete with a grazing cow. The patients were briefed by local health officials and then escorted to our clinic. The local nursing school provided third-year nursing students to serve as interpreters. Crisp, cool and shy, they were an invaluable help in untangling somewhat confusing medical histories from our patients.

"Medical science was advanced by

Commander Judy Lombardi. She recognized and so named the 'Legazpi Triad'—chest pain, back pain, dizziness. Somehow, I doubt that it will ever appear in any medical journal.

"The job is tough, the hours long—12-hour shifts with one day off in ten. The days were not long enough, however, to treat all that we would like to treat. The rewards—thousands of patients treated, and in many cases cured, happy for extra years of life or a pain-free existence after years of agony or deformity, sight for the patients blinded by cataracts, a perfect kiss from a child who had a cleft palate, a tearful smile from someone we touched."

Federalist Papers and the Constitution

continued from page 4

themselves to showing that the internal structure of the proposed government, was such as to render it unworthy of the confidence of the people. They ought not to have wandered into inflammatory declamations, and unmeaning cavils about the extent of the powers. The POWERS are not too extensive for the OBJECTS of Federal administration, or in other words, for the management of our NATIONAL INTERESTS; nor can any satisfactory argument be framed to shew that they are chargeable with such an excess. If it be true, as has been insinuated by some of the writers on the other side, that the difficulty arises from the nature of the thing, and that the extent of the country will not permit us to form a government, in which such ample powers can safely be reposed, it would prove that we ought to contract our views, and resort to the expedient of separate Confederacies, which will move within more practicable spheres. For the absurdity must continually stare us in the face of confiding to a government, the direction of the most essential national interests, without daring to trust it with the authorities which are indispensable to their proper and efficient management. Let us not attempt to reconcile contradictions, but firmly embrace a rational alternative.

I trust, however, that the impracticability of one general system cannot be shewn. I am greatly mistaken, if any thing of weight, has yet been advanced of this tendency; and I flatter myself, that the observations which have been made in the course of these papers, have sufficed to place the reverse of that position in as clear a light as any matter still in the womb of time and experience can be susceptible of. This at all events must be evident, that the very difficulty itself drawn from the extent of the country, is

the strongest argument in favor of an energetic government for any other can certainly never preserve the Union of so large an empire. If we embrace the tenets of those, who oppose the adoption of the proposed Constitution, as the standard of our political creed, we cannot fail to verify the gloomy doctrines, which predict the impracticability of a national system, pervading the entire limits of the present Confederacy.

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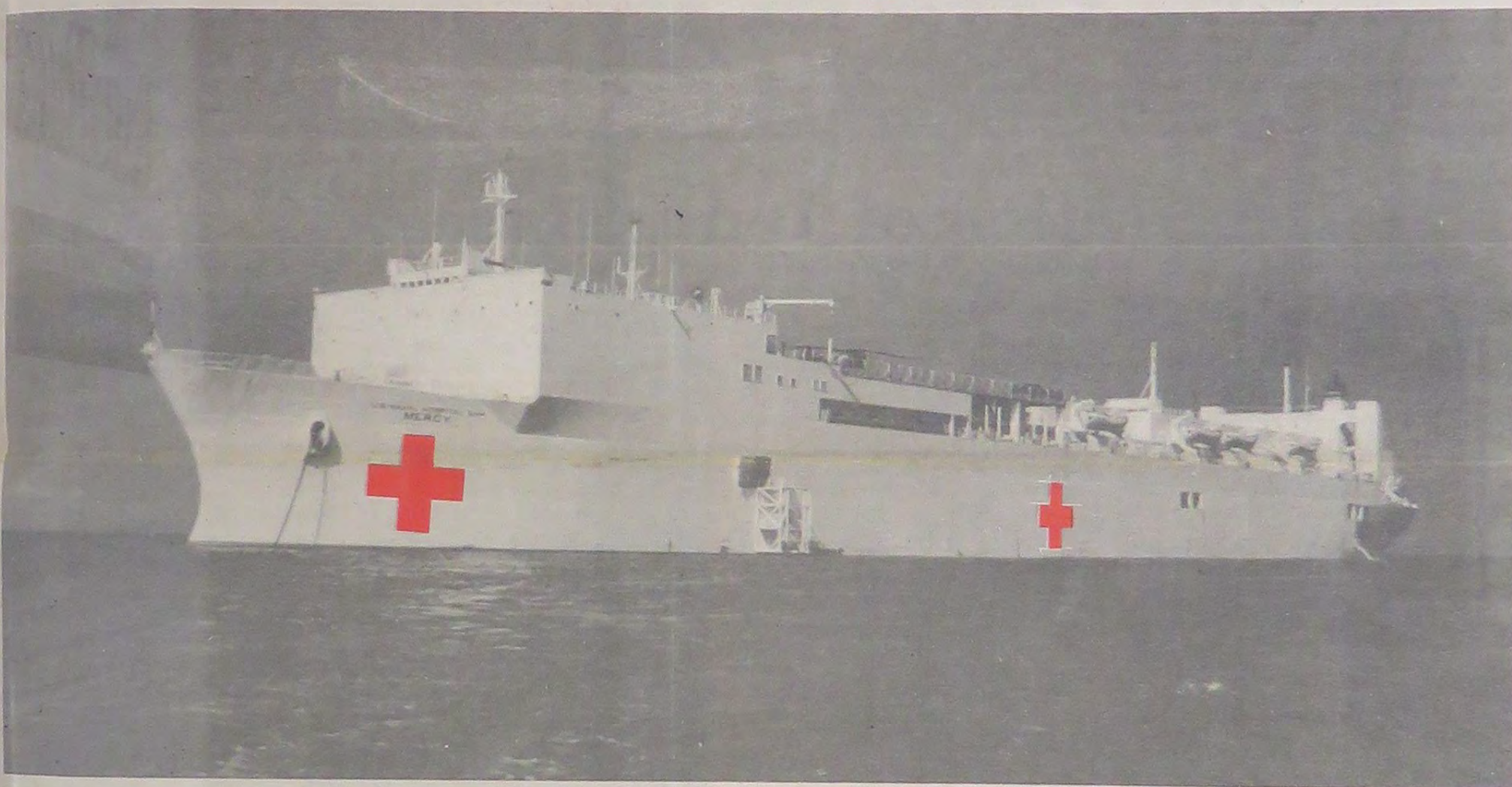


PSA Catch Our Smile.

Norwester

Special Mercy edition

She's coming home!



by Jonathan Arnowitz

Years of planning, millions of dollars and months of intense hard work culminate this week in the homecoming of the USNS Mercy, as she returns from her five-month humanitarian and training mission to the Philippines and South Pacific.

Everyone is welcome to greet the 600-member crew when she sails into the North Marginal Wharf at the Naval Supply Center, Oakland, July 13, 1987.

There will be festive pierside ceremonies scheduled to begin at 10 a.m.

"The people who have served aboard the Mercy the last five months have performed a spartan job and represented the United States in a marvelous fashion. They

have earned our admiration and a warm spectacular homecoming and we're going to give it to them," stated Howard Thomas, the coordinator of the Mercy Homecoming festivities.

A crowd of over 2,000 is expected to greet the Mercy as she sails into Oakland.

Among the dignitaries expected to be on hand are Dr. C. Everett Koop, Surgeon General of the United States; Dr. William Mayer, Assistant Secretary of Defense for Health Affairs; Rear Admiral Robert Toney, Commander, Naval Base San Francisco; Captain T. F. Levandowski, Commander, Naval Medical Command Northwest Region; Captain Alice Martinson, Commanding Officer of Naval Hospital, Oakland; and

the Mayor of Oakland, Lionel Wilson.

Homecoming schedule

As of press time the schedule for the Mercy homecoming is as follows:

- 10 a.m. Gates open at Naval Supply Center, Oakland's North Marginal Wharf for all who wish to welcome the Mercy home.
- 11 a.m. The Navy Band will perform musical selections to welcome the Mercy.
- Noon. The USNS Mercy passes under the Golden Gate Bridge.
- 1:30 p.m. The welcoming ceremony begins.



Mercy souvenir pullout, pages 3-6

July 4th Feature

When it becomes necessary to dissolve political bonds

by Jonathan Arnowitz
Editor of the *Norwester*

"Revolution" stirs differing sentiments. We still celebrate our American Revolution: July 4, 1776, the date we declared the government of Great Britain illegitimate. Our revolution stands out against other contemporary and modern-era revolts. The American Revolution was quite extraordinary in its moderation and level-headed execution.

Our representatives signed a declaration of independence that obliterated one government; then, 11 years and one revolution later we wrote a constitution that created another government.

Though this year marks the 200th anniversary of our Constitution, the *Norwester* will set aside the Federalists this issue to reprint the Declaration of Independence. For without the Declaration of Independence there would be no Constitution.

The people who wrote the "Declaration" were far different than the moderates who wrote the Constitution. These were radicals of the most extreme nature; because, they believed in the overthrow of the ruling government. To the British they were traitors, to us they were heroes.

Yet, these radicals, these revolutionaries—slave holders and businessmen among them—were not the dogmatic idealists some, for example, associate with the French Revolution. There were no Jacobins and Girondins who fought fiercely and violently. A quote from the famous revolutionary French writer *Chambray* makes this point all too clearly:

"A citizen of Virginia, owning fifty acres of fertile soil, pays forty-two sous of our money in order to enjoy, in peace, under just and benevolent laws, the protection of the government, the safety of

his person and his property, civil and religious liberty, the right to vote at elections, to be a member of Congress and consequently a legislator, etc. The French peasant who corresponds to him, in the Auvergne or the Limousin, is crushed with taxes, rates, levies, and requisitions of all kinds on his labor, so that he can be insulted by some underdelegate, imprisoned arbitrarily, etc. and transmit to a half-naked family this heritage of misfortune and degradation."

Among the many historical and economic differences, perhaps a major reason why our revolution was stable compared to the French Revolution, the Russian Revolution, and the Pan-European Revolts of 1848, et al, was the spirit and character of America.

Our moderate and democratic spirit could only fail in the face of an uncompromising tyrant. Our revolt did not seek to re-order society. In fact, our revolution

sought to unencumber the existing society by removing its remaining patriarchal king.

The Declaration of Independence doesn't assert war so much as it asserts our freedom.

And furthermore, unlike the other revolts, we sought to inflict pain, injury or death on no one. There was no king to behead. No aristocracy to take lands away from. Just the presence of authority that needed to be shipped home. Our desires and visions were moderate and in the true spirit of compromise. Our country was founded on the ideas of tolerance and freedom. Our country has been and always will be a haven for people "yearning to be free."

Without our tolerance and dedication to freedom, we could have ended up like the unbending Jacobins and Girondins killing each other for each other's own good.

The Declaration of Independence

IN CONGRESS, July 4, 1776.

A DECLARATION

By the REPRESENTATIVES of the UNITED STATES OF AMERICA, In GENERAL CONGRESS assembled

When in the Course of human Events, it becomes necessary for one people to dissolve the Political Bands which have connected them with another, and to assume among the Powers of the Earth, the separate and equal Station to which the Laws of Nature and of Nature's God entitle them, a decent Respect to the Opinions of Mankind requires that they should declare the causes which impel them to the Separation.

We hold these Truths to be self-evident, that all Men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the Pursuit of Happiness—That to secure these Rights, Governments are instituted among Men, deriving their just Powers from the Consent of the Governed, that whenever any Form of Government becomes destructive of these Ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its Foundation on such Principles and organizing its Powers in such Form, as to them shall seem most likely to effect their Safety and Happiness. Prudence, indeed, will dictate that Governments long established should not be changed for light and transient Causes; and accordingly all Experience hath shewn, that Mankind are more disposed to suffer, while Evils are sufferable, than to right themselves by abolishing the Forms to which they are accustomed. But when a long Train of Abuses and Usurpations, pursuing invariably the

same Object, evinces a Design to reduce them to absolute Tyranny, it is their Right, it is their Duty, to throw off such Government, and to provide new Guards for their future

Security. Such has been the patient Sufferance of these Colonies; and such is now the Necessity which constrains them to alter their former Systems of Government. The History of the present King of Great-Britain is a History of repeated Injuries and Usurpations, all having in direct Object the Establishment of an absolute Tyranny over these States. To prove this, let Facts be submitted to a candid World.

He has refused his Assent to Laws, the most wholesome and necessary for the public Good. He has forbidden his Governors to pass Laws of immediate and pressing Importance, unless suspended in their Operation till his Assent should be obtained; and when so suspended, he has utterly neglected to attend to them.

He has refused to pass other Laws for the Accommodation of large Districts of people, unless those People would relinquish the Right of Representation in the Legislature, a Right inestimable to them, and formidable to Tyrants only.

He has called together Legislative Bodies in Places unusual, uncomfortable, and distant from the Depository of their public Records, for the sole Purpose of fatiguing them into Compliance with his Measures.

He has dissolved Representative Houses repeatedly, for opposing with manly Firmness his Measures.

He has affected to render the Military independent of and superior to the Civil Power.

He has combined with others to subject us to a jurisdiction foreign to our Constitution, and unacknowledged by our Laws; giving his Assent to their Acts of pretended Legislation:

For quartering large Bodies of Armed under absolute Despotism, it is their Right, it is their Duty, to throw off such Government, and to provide new Guards for their future

Security. Such has been the patient Sufferance of these Colonies; and such is now the Necessity which constrains them to alter their former Systems of Government. The History of the present King of Great-Britain is a History of repeated Injuries and Usurpations, all having in direct Object the Establishment of an absolute Tyranny over these States. To prove this, let Facts be submitted to a candid World.

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Captain's Call at GEOCOM



Captain T. F. Levandowski, Commander, Naval Medical Command, Northwest Region, listens to a question by a Security Department staff member during recent "Captain's Call." (Photo by AN Deborah Davis)

Smokers' looming threat to non-smokers

By Liz Pratt

A recent National Research Council committee followed a year-long study of the dangerous effects of passive smoking on children. Passive smoking exposes people to tobacco smoke while not actually smoking. The results should make any parent who smokes think about the harm they inflict upon their children.

According to the study, children who live in households of smokers will suffer respiratory illnesses twice as often as those of non-smokers. These maladies include pneumonia, bronchitis, wheezing and coughing. Children in homes of smokers have an increased risk of ear infections, slower growth rate and decreased lung functioning. We have recognized the effects of exposure to other harmful agents (such as asbestos and dioxin) and

cleaned these substances from our public schools, offices and ships. Yet, Americans continue to raise children in smoke-filled homes without regard to their health or development. Kids cannot choose a smoke free environment when they live with parents who smoke.

Children who live in "smoke-free" homes probably spend less time at the doctor's office, since they have a lower incidence of respiratory ailments. This alone should be incentive enough for a parent to quit smoking. They also do better at physical skills because their lungs function more effectively. Infants born to mothers who smoke are more frequently premature and have lower birth weight. These infants do poorly on the tests, given at birth to measure their overall condition.

Are you a smoker who hasn't realized the distress you inflict on your children, as well as co-workers, loved ones and good friends? Perhaps you live with a smoker and don't want to fight for your or your child's right to life. There are many programs available to help break the habit of smoking.

One program, at the Alameda Hospital on Clinton Avenue, has already started but may still take new participants. For information call (415) 522-3700. There are many other resources available for people who wish to quit smoking. Contact the American Lung Association at 893-5474 or the American Heart Association at 632-9606 for classes and programs to help you kick the habit. Smoking is becoming a less glamorous habit, the absence of which could benefit us all.

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Commander CAPT. T.F. Levandowski
Public Affairs Officer H.G. Thomas
Editor Jonathan S. Arnowitz
Editorial Consultant JOC Mike McGougan
Staff Photographer AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson
AV: 317-692-4178
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Life on board a hospital ship



Mercy crew: hard work, love, compassion



Navy dentist Captain John D. Matheson and Dental Technician Third Class Roxanne Clark work on a Filipino dental patient at a field clinic set up at an elementary school in Davao City, R.P.



Navy Lieutenant Elizabeth McGlooin talks with a Filipino child's mother as she examines the girl in a pediatric clinic set up at a Philippine Navy Base in Zamboanga on the southern tip of Mindanao.

Nurse prevails being overworked and overwhelmed on humanitarian mission

Story and photos by Chet King

"What I have seen on this cruise you only see in [medical] textbooks in the States," said Beth McGlooin, a 30-year-old Nurse Practitioner.

McGlooin, a medical volunteer aboard the Navy's new hospital ship USNS Mercy, left the pediatric clinic at Naval Air Station Oceana, Va., to spend five months on a training/humanitarian cruise to the Republic of the Philippines and other South Pacific island-nations.

"I have seen at least 45 children a day in our field clinics or twice the daily patient load that I would see at Oceana. Asthma has been the number one problem we've seen with the Filipino children," she said. "Malnutrition, pneumonia and internal parasites are the next biggest maladies."

"I have a lot of experience around me if

I need a second opinion or consultation on a child's particular problem" said McGlooin. "We'll make prescriptions which the field pharmacy fills and refer other patients to the specialized field clinics like ENT (ears, nose, throat) or orthopedics."

McGlooin said another big part of her job was the education of parents and guardians on disease prevention and how to care for minor illnesses before they become major problems for the child.

"We can't treat chronic problems which a lot of the children have because we're just not in port long enough. (Each port visit lasts eight to ten days.) It's frustrating that we can't do more," she said. "The people's tolerance for pain and suffering is just amazing, but they are very grateful for anything we can do for them."

Story and Photos by Chet King

In a classroom of the Santa Ana Elementary School in Davao City, on the island of Mindanao, a portrait of Philippine President Corazon Aquino seemingly focuses on Navy dentist Capt. John D. Matheson as he begins extracting 17 decayed, abscessed teeth from a Filipino dental patient.

Not ten minutes before, the director of dental training at Portsmouth Naval Hospital had extracted 14 teeth from another ailing Filipino.

"He's going to know he's been in a dentist's chair tomorrow, but we give them pain killers to help out," said the 44-year-old Norfolk resident. "Believe me, that pain will be minor compared to how he felt before he sat in my chair."

Matheson's shipboard dental facilities include four treatment rooms, two operating rooms and a prosthetics lab.

Ashore, the dental clinic utilizes up to 12,000 lbs. of portable field equipment and supplies. "We can support a Marine amphibious landing for up to 15 days. This is the gear you see at the shore clinics," he said.

Matheson, a veteran of almost 18 years in the Navy's Dental Corps, is the head of the dental department aboard the United States Navy's newest hospital ship USNS Mercy, currently on a five-month training and humanitarian cruise to the Republic of the Philippines and other South Pacific island nations.

"Patients needing fillings and root canal work are taken to the ship because of time constraints in the field and to provide the benefit of training to our Filipino counterparts on the ship," Matheson said. "We also repair cleft lips and palates, make prosthetic devices and

Please see page D

Mercy nurses share their impressions on cruise

The following messages were sent from the nurses aboard the USNS Mercy about what duty aboard the Mercy has meant to them. These messages were received in honor of the Navy Nurse Corps' 79 birthday, celebrated recently by Naval Hospital, Oakland.

Lieutenant Rosemary Cardello—Naval Hospital, Lemoore, "The Mercy gives me a chance to work with people you might never have met; go to places you would not have seen; and help people who honestly need you; an adventure and learning experience for all who are touched by the Mercy."

Lieutenant Commander Brigitte Balog—Naval Hospital, Oakland, "Fortunate to have been selected, I am proud to be a member of the USNS Mercy. I have found that shipboard nursing is a unique world which includes not only patient care, but learning about another culture and observing shipboard safety. Additionally, living and interacting with my shipmates on a twenty-four hour basis has been a rewarding experience. I will always treasure my Mercy days."

Lieutenant Commander Deanna Bogart—Naval Hospital, Oakland, "Courage, sacrifice, caring, and commitment; these qualities are alive on the USNS Mercy. I am proud to be part of its unique story."

Lieutenant Shirley Brown—REDCOM Twenty, "To say that this mission is an incredible experience would be a great understatement. Aside from the obvious rewards of helping people who desperately need and appreciate the care given and learning in the process, there are the subtle rewards of making new friends, experiencing a different culture and sharing in a once in a lifetime opportunity."

Bull Ensign Kathleen Curtin—Naval Hospital, Oakland, "Each shipmate has a unique contribution to the multifaceted and dynamic personality of the Mercy team. It has been enriching to work, live, and learn together. Our experiences on this mission are invaluable."

Lieutenant junior grade Joel LaRose—Naval Hospital, Oakland, "Sailing, separation, loneliness, deprivation. Wondering just why we're here. Seascape, sunrise, moon rise, sunset from the fantail, a million stars blazing in the heavens. Exhilaration, joy, peace of Mother Ocean. Reaching out, attempting to communicate, poverty, sickness, sadness, but still hope and warmth come singing through. They are so many, we are so few; they have so little, we have so much—will we ever be the same again?"

Commander Sandra Gotch—Naval Hospital, Oakland, "Being a member of this mission is an unique and challenging experience which in many ways typifies why nurses join the Navy. The work is frequently hard, the hours very often long and the stresses difficult, but the personal and professional reward of seeing a child's repaired smile or the joy when an elderly person has sight regained—this is what being assigned to the Mercy is all about."

Lieutenant junior grade Colleen McLarnon—Naval Hospital, Oakland, "In the Mercy I have felt a link to the past with all those who have served on previous hospital ships and I now share in that heritage. On the Mercy I have experienced some of the adventures and hardships of life at sea known well by those in the fleet. Through the Mercy I have touched and been touched by a peo-

Please see page C





A job well done!

The mission done, the need continues

As the USNS Mercy heads for home, the crew has treated over 63,000 grateful and needy Filipinos. The humanitarian and training mission has been a resounding success. Our exceptional professionals performed and provided thousands upon thousands of operations, treatments, and prescriptions. Although the single trip could not provide all that was necessary in the Philippines, the Mercy voyage provided significant relief from pain and suffering and has touched,

and provided care, and caring to families that might otherwise never have received medical attention.

As a tribute to the lives they touched, the pain they alleviated, the diseases they cured, and the people they saved, and the gratitude and respect they earned, the Norwester prints this photographic tribute to the humanitarian mission of the USNS Mercy.

These photographs convey and express more than mere words ever could.



Impression of the mission

from page A

ple in need. Because of the Mercy I have sensed a greater love and appreciation for my country which I proudly serve as a Navy Nurse.

Lieutenant Commander Karla Hanley—REDCOM Twenty, "We are the Mercy. Six hundred and fifty people joining their talents and energies into a single team with a single goal. Setting individual and personal problems aside to give the best we have to a people who have asked for our best. Realizing that even though we can't fix all that we see is wrong, just being here makes a difference. We are the Mercy and that says it all."

Commander Shirlee Hicks—Naval Hospital, Oakland, "The most heart-rending experience was orientating 65 Armed Forces of the Philippines physicians, nurses and enlisted technicians to the medical treatment facility and the

hazards of a moving platform. It is truly an adventure of a lifetime, one that I will profit from immensely both professionally and personally."

Lieutenant Commander Joanne Fritch—REDCOM Twenty, "As a Reservist, I'm particularly honored to participate with my active duty counterparts in this humanitarian mission. The quote says 'To be a Reservist is to be twice a citizen.' I feel my experiences here have made me twice a human being: Once for what I've been able to offer the patients in my care and again for what I've gained from working with the other services and the Filipino people."

Lieutenant Pamela Giza—Naval Hospital, Oakland, "So far my duties have included functioning as a clinician, interpreter, boatswain's mate, master barbecue chef, diplomat, social coordinator, advisor, other, and friend. Salamat-po for the memories..."

Hard work, compassion

from page C

remove benign tumors in the jaw. We're talking about 80 patients for that kind of work during a 10-day visit."

Pulling teeth (15,000 as of Davao, the ship's third stop) keeps the Mercy's American and Filipino dentists and technicians busy in the field.

"There are eight of us from various dental clinics in the Norfolk area," said Matheson. "I have some really top-notch people. I can honestly say this is the best group of dental people I've worked with from the standpoint of getting in there and getting the job done. They've shown a lot of camaraderie and teamwork."

Dental Technician Third Class Roxanne Clark, from the Naval Amphibious Base, Little Creek, Va., Dental Clinic said, "I've seen more dental decay and diseased gums here than I've seen in the States. The people are really grateful for what we're doing for them."

"Education, diet and fluoride have essentially eradicated tooth decay in our country," said Matheson. "The Filipino dentists are very interested in our dental procedures and training. We leave audio-visual material and books behind in every port and lecture at local dental society meetings."

"During our first stop at Subic Naval Base we worked under tents in dust and

106-degree temperatures. After a week under those conditions we knew we had been to work," Matheson said.

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End Note

Declaration of Independence

from page 2

Troops among us:
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For cutting off our Trade with all Parts of the World:
For imposing Taxes on us without our Consent:

For depriving us, in many Cases, of the Benefits of Trial by Jury:
For transporting us beyond Seas to be tried for pretended Offences:

For abolishing the free System of English Laws in a neighbouring Province, establishing therein an arbitrary Government, and enlarging its Boundaries, so as to render it at once an Example and fit Instrument for introducing the same absolute Rule into these Colonies:

For taking away our Charters, abolishing our most valuable Laws, and altering fundamentally the Forms of our Governments:

For suspending our own Legislatures, and declaring themselves invested with Power to legislate for us in all Cases whatsoever.

He has abdicated Government here, by declaring us out of his Protection and waging War against us.

He has plundered our Seas, ravaged our Coasts, burned our Towns, and destroyed the Lives of our People.

He is, at this Time, transporting large Armies of foreign Mercenaries to compleat the Works of Death, Desolation, and Tyranny, already begun with circumstances of Cruelty and Perfidy, scarcely paralleled in the most barbarous Ages, and totally unworthy the Head of a civilized Nation.

He has constrained our fellow Citizens taken Captive on the high Seas to bear Arms against their Country, to become the Executioners of their Friends and Brethren, or to fall themselves by their Hands.

He has excited domestic Insurrections amongst us, and has endeavoured to bring on the Inhabitants of our Frontiers, the merciless Indian Savages, whose known Rule of Warfare, is an undistinguished Destruction, of all Ages, Sexes and Conditions.

In every stage of these oppressions we have Petitioned for Redress in the most humble Terms: Our repeated Petitions have been answered only by repeated Injury. A Prince, whose Character is thus marked by every act which may define a Tyrant, is unfit to be the Ruler of a free People.

Nor have we been wanting in Attentions to our British Brethren. We have warned them from Time to Time of Attempts by their Legislature to extend an unwarrantable Jurisdiction over us. We have reminded them of the Circumstances of our Emigration and Settlement here. We have appealed to their native Justice and Magnanimity, and we have conjured them by the Ties of our common Kindred to disavow these Usurpations, which, would inevitably interrupt our Connections and Correspondence. They too have been deaf to the Voice of Justice and of Consanguinity. We must, therefore, acquiesce in the Necessity, which denounces our Separation, and hold them, as we hold the rest of Mankind, Enemies in War, in Peace, Friends.

We, therefore, the Representatives of the UNITED STATES OF AMERICA, in GENERAL CONGRESS, Assembled, appealing to the Supreme Judge of the World for the Rectitude of our intentions, do, in the name, and by the Authority of the good people of these Colonies, solemnly Publish and Declare, That these United Colonies are, and of Right ought to be, Free and Independent States; that they are absolved from all Allegiance to the British Crown, and that all political Connection between them and the State of Great-Britain, is and ought to be, totally dissolved; and that as Free and Independent States, they have full Power to levy War, conclude Peace, contract Alliances, establish Commerce, and to do all other Acts and Things which Independent States may of right do. And for the support of this declaration, with a firm Reliance on the protection of divine Providence, we mutually pledge to each other our lives, our Fortunes, and our sacred honor.

JOHN HANCOCK, President.

Upcoming events for area Clubs

Officers' Club

July 14: Bastille Day Celebration, 5:30 p.m. Featuring: a special French dinner, aperitifs and champagne, to celebrate the liberation of the Bastille Prison on July 14, 1789. The taking of the Bastille has traditionally marked the beginning of the French Revolution. There will be a strolling violinist to entertain during the meal. \$11.95 for adults and \$6 for children twelve and under.

2 August 19: "Broadway on Parade" Show: Featuring singers and dancers

from Cabaret, Hello Dolly, Chorus Line, and Annie. Showtime will be 6 p.m. the cost of the show will be \$10 for adults and \$5 for children twelve and under.

Enlisted Club

July 21: At 4 p.m. the Porthole Enlisted Club will have a party for the homecoming of the USNS Mercy.

July 24: Starting at 8:30 p.m., a "Toga Party" featuring a live rock band, Joyride. Everyone is invited to the "Porthole Animal House"—wear your sheets and dance the night away!

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By Dr. Thomas Sheppard

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Fares listed are one-way and seats are limited. Proper Military I.D. required upon ticketing and check-in.

*Daily flights based on June 10th schedule. Certain flights do not operate on weekends and some weekday exceptions apply. All fares and schedules are subject to change without notice.

6/29

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Norwester

Change of command at Drug Screening Lab



Commander J. R. Crabbe addresses ceremony attendees after assuming command of Navy Drug Screening Laboratory, Oakland, while Captain T. F. Levandowski (left), Commander, Naval Medical Command, Northwest Region, listens.

Story by JOC Mike McGougan
Photos by AN Deborah Davis

Commander Joel R. Crabbe relieved Commander Richard L. Hilderbrand as Commanding Officer of the Navy Drug Screening Laboratory (NDSL), Oakland, in a change of command ceremony at the Naval Medical Command, Northwest Region Officers' Club on June 12.

Captain T. F. Levandowski, Commander, Naval Medical Command, Northwest Region, was honored guest and featured speaker at the ceremony.

Cmdr. Hilderbrand assumed command of the Drug Screening Lab in June 1984 shortly after it was established as a shore command. He successfully guided the lab during a crucial time in Navy history when a strict program of "zero tolerance" to drug use went into full force. The zero tolerance program required sustained support by NDSL in carrying out precise, painstaking laboratory testing procedures.

The Navy Drug Screening Laboratory began operation in 1971 as an extension of the Naval Hospital, Oakland clinical laboratory. The laboratory handled a limited number of samples and the intent of the program was primarily to assist in providing counseling and to monitor rehabilitation, rather than to be a disciplinary deterrent to abuse of drugs.

In late 1981, the mission of NDSL was expanded to support the initiation of disciplinary and legal measures based only on the test results.

The establishment of the forensic aspect and an increased volume of drug
please see page 3



Commander R. L. Hilderbrand delivers farewell remarks to his staff and guests in departing as Commanding Officer of the Drug Screening Lab.

Open season begins for FERS

by Sydney Santos

July 1, 1987 started the Federal Employees Retirement System (FERS) open season. All employees currently covered by the Civil Service Retirement System (CSRS) will have the option to switch to FERS during this time. The open season will end on December 31, 1987.

CSRS employees may switch to FERS at any time during the six months open season. These employees will also receive a 100-page handbook that explains what needs to be considered in making this decision.

During the month of July, the civilian personnel department will be showing the new Office of Personnel Management video on the transfer decision. Individual counseling will also be available for those who need it. Following are some common concerns about the transfer and should be a good starting point to consider whether or not you wish to transfer.

Does it make a difference when I turn in my election form to transfer to FERS?

Yes. The sooner it's turned in, the sooner it will become effective; thereby making you eligible for the government match if you participate in the Thrift Savings Plan (TSP). Elections to transfer to

FERS are effective at the beginning of the pay period after the form is received.

Are you saying it's best to sign up for FERS as soon as possible?

Not always. It depends upon each individual circumstances. Some employees may complete five years of service under CSRS during the transfer period. Those individuals may decide to delay their transfer to FERS until the five years are up since anyone with five or more years of CSRS service will have that time frozen under the old CSRS rules. When they retire, their retirement benefits for those frozen years will be computed under the more generous CSRS formula.

Which system is the best?

There is no 'best' system. Both FERS and CSRS are good systems; however, depending on an individual's plans and past career one system may be better for that individual than the other. It varies on each individual case whether CSRS or FERS is the 'best' system.

I already have 40 quarters of coverage under Social Security, which is all I need to get a benefit from Social Security. What difference does it make if I earn more quarters?

please see page 2



Captain selectee David L. Vosloh (right) is presented a Meritorious Service Medal (his second award) by Captain T. F. Levandowski during a recent award ceremony. Commander Vosloh concluded his tour as Northwest Region Assistant Chief of Staff for Plans and Operations. (Photo by JOC M.D. McGougan)

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News



SST-11 still going through training paces

By Hospital Corpsman Third Class McGavock

Operational training is the foundation of Surgical Support Team 11.

Shown here, SST-11 is receiving Sea/Air Rescue (SAR) training, provided by NAS Whidbey Island. This training consisted of helicopter familiarization, Stokes stretcher hoisting from surface to helicopter, and personnel evacuation.

SST-11 will be deploying this summer to the USS Tripoli. On board the Tripoli, members of the SST will be faced with

many different tasks; some of which they could not perform without the operational training they receive during the year.

Other operational training provided consists of damage control, fire fighting, gas mask familiarization, and use and wearing of combat gear. In addition to the operational training, CPR, I.V. certification, and suture certification are given to keep practical skills current.

The doctors, nurses and corpsmen of SST-11 are a highly motivated team, and are a major component of the Navy's MMART.

Job preference for military spouses

By Hal Haskins

Military spouses seeking jobs at their sponsor's duty stations may now receive job preference for more grade levels.

The Military Family Act of 1985, which gave preference to military spouses in jobs at grades GS-8 through GS-15, now includes GS-5 through GS-7 and blue collar jobs at similar levels.

To be eligible for hiring preference, the military spouse must:

- be married to an active duty service member;
- accompany the sponsor on a permanent change of station move; and
- be included in the best-qualified group after a competitive screening process.

The applicant should:

- submit proper application forms for job openings at the installation's personnel office; and
- follow the procedure required by the local personnel office to apply for spouse preference (requirements may not be the same everywhere.)

In addition, there are some differences in rules governing stateside and foreign areas.

In the states, military spouses may request preference when applying for a vacancy by submitting the customary application forms. Some services may also require a copy of their sponsor's permanent change of station orders. Spouses may exercise preference from 30 days prior to six months after the sponsor's permanent change of station move or until they accept or decline a job based on preference, whichever is earlier.

Overseas, spouses will receive a one-time preference for jobs at the GS-5 through GS-15 levels if the job is located in the same commuting area as the duty station of the sponsor. To allow administrative processing, applications may be filed 30 days prior to anticipated arrival in the foreign area, although the preference is not applicable until actual arrival.

In all locations, spouse preference will be applied in all DoD components. For example, an Army spouse may apply for preference at an Air Force personnel office and a Navy spouse can apply at an Army personnel office.

To find out about available jobs, application procedures and other special employment programs for family members, check with your installation's civilian personnel office.

OR tech school sets graduation

Operating Room Technician School, Oakland, Class 87002, will hold a graduation ceremony Friday at 10 a.m. in Clinical Assembly, Naval Hospital, Oakland.

The 14 graduates have successfully completed the Operating Room Technique course. The course consists of one 10-week phase of study of didactic instruction on aseptic technique and a second 16-week phase of clinical experience in the different surgical services.

Graduates and their duty stations are as follows: HM3 B. Ashley, Third FSSG, Okinawa, Japan; HA S. Bever, Third FSSG, Okinawa; HN D. Campbell, Naval

Hospital, Oakland; HN J. Campbell, Third FSSG, Okinawa; HA D. Crawford, Third FSSG, Okinawa; HA A. Culbertson, Naval Hospital, Yokosuka, Japan; HM3 S. Fields, Naval Hospital, Jacksonville, Florida; HA W. Gould, Naval Hospital, Barstow, California; HM3 T. Hawkins, First FSSG, Camp Pendleton, California; HA J. Mann, Third FSSG, Okinawa; HA J. Ortiz, Naval Hospital, Yokosuka, Japan; HA A. Palokas, USS Dubuque, Sasebo, Japan.

Also specialty students: HN S. Hoot, USNS Mercy, Oakland, and HM3 Morris, First FSSG, Camp Pendleton.

Open season for FERS

continued from page 1

It can make a difference in two ways. First of all, 40 quarters of coverage means you have enough to qualify for a benefit. The benefit you receive, however, is calculated using a formula which reflects the average of your highest 35 years of earnings. Since 40 quarters represents roughly ten years of earnings, your average would be computed using ten years of actual earnings and 25 years of zeros. Therefore, any additional years of earnings you have will reduce the number of zeros used in computing your average pay.

Secondly, for someone who transfers to FERS and whose benefit at retirement is based in part on the Civil Service Retirement System (CSRS) formula, the benefit from Social Security will be reduced unless at least 30 years of earnings are covered by Social Security. (NOTE: There are exceptions for individuals who are age and service eligible for either a CSRS benefit or a Social Security benefit between 1985 and 1989). This reduction is called the windfall elimination benefit. It reduces the benefit to individuals who have less than a full career under Social Security-covered employment and also receive a government pension.

Does this provision affect Social Security survivor benefits I may receive?

No. However, there is another provision, called the public pension offset, which reduces Social Security survivor benefits for employees remaining under CSRS. For employees who transfer to FERS, this reduction does not apply.

What is the public pension offset?

Any individual who becomes eligible for a CSRS retirement benefit after June 1983 has his Social Security benefit reduced by two dollars for every three dollars received from CSRS.

I have some military service I haven't paid for. If I transfer from CSRS to FERS, may I then pay for my military service at the three percent rate for FERS instead of the seven percent rate for CSRS?

That depends on whether you're vested (that is, you have five years of service) in the CSRS system or not. If you transfer with more than five years under CSRS, your military service is credited as CSRS service and a deposit of seven percent is required. If you transfer with less than five years CSRS service, your military service is credited as FERS service and a deposit of three percent is re-

quired.

I was hired as a temporary employee in 1981 and worked under a series of continuous temporary appointments until 1984, when I was given a permanent assignment. Am I covered by FERS or CSRS?

You are under CSRS, but with an offset because you are also covered by Social Security. FERS was not in existence until January 1, 1987, and at that time you had five years of service as a CSRS employee. If you decide to transfer to FERS, however, all your service will become FERS service, as part of your five years of CSRS service was subject to Social Security as a result of the Social Security Amendments of 1983.

What happens if I leave my Federal job (I am vested in CSRS) before the open season to transfer to FERS and then return before the open season ends? Will I have to decide what to do by December 31, 1987?

No. If you are rehired into government service after the open season begins on July 1, 1987 and are still covered by CSRS (less than a one-year break), you will have six months from the date of rehire to elect to transfer into FERS.

I don't think I will transfer to FERS. What happens, though, if I leave Federal service a few years from now and later come back after a break of more than a year?

You will be covered by CSRS and Social Security, which will be offset from your CSRS benefit. As a rehire, you will also have a six-month opportunity to decide whether to transfer to FERS.

I was hired as a temporary employee in 1985 and in early 1987 I was given a permanent appointment. May I get credit for this time under FERS?

Yes, if you pay 1.3 percent of your base pay, plus interest, to the retirement fund. This will continue to be true for temporary service through December 31, 1988. Beginning January 1, 1989, temporary service under an appointment of one year or less is not creditable under FERS, even if you are willing to pay the deposit to cover it.

"A failure is not always a mistake; it may be simply the best one can do under the circumstances. The real mistake is to stop trying."

—B.F. Skinner, writer and psychologist

Norwester

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGowan
Staff Photographer... AN Deborah Davis

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Branch Hospital Adak
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Commander Crabbe, Captain Levandowski and Commander Hilderbrand (left to right) join hands in cutting change of command ceremonial cake.

Two-way dialogue vital for federal managers

by Wanda Cappello

My first two columns were written to help FMA members become better managers when they practice the art of communication. Various methods improve communication by using a combination of one's senses. However, simply having and using these senses for communication without some form of discipline is an enormous waste of time and resource—a luxury we can ill afford in today's rapid pace.

In order to obtain discipline between the parties (the manager and any other) communication must be two-way. This can be accomplished by several methods, either used separately or in conjunction with other methods, i.e., the written word. If the written word is used alone, the words must paint a picture that the mind can see. If the subject is too complicated for written instructions only, the instructions may be combined with pictures or a mock up, or an oral explanation. Clear, concise, complete instructions presented as a request rather than as a command elicit two-way communication which results in a job well done. It also prevents redoing a task; and certainly, two-way communication is essential to the timely completion of a project.

In complex projects a manager should use one's ability to direct at the outset. Guidance should be freely given throughout, and praise should liberally be given to employees when they perform well to completion of the task. Many managers do not have the luxury of per-

sonal hands-on instruction because of time constraints. When a manager is in this position, rather than give poor, incomplete information and direction, develop a chain of command through two-way communication in order to share information about a project due for completion. In this way you have involved all, or as many individuals as necessary as a team. As often as possible, let co-workers know how much their cooperation and skill in performing an assigned task is appreciated by giving praise, verbally, or through a written "thank you." Where the effort is exceptional, recognition, through letters of appreciation, commendation and awards are appropriate because each team member is valuable to successful completion of the task.

Rather than complaining to others, or shaking one's head in confusion or contempt, or deciding "to do it myself" when the job takes a wrong turn, consult the employee, avoid "preaching," direct and guide in a helpful, open manner. Be willing to accept part of the blame for the difficulty and do not be condescending. When time is of the essence, as is usually the case, use the established chain of command to share information up and down the chain. It is especially important to remember, managerial self-discipline as well as others' self-discipline helps to get the job done. For when the manager displays self-discipline in production and time management, this example is displayed for all to see. It can be used as a

please see page 4

Change of command at Drug Screening Lab

continued from page 1

testing in carrying out a Chief of Naval Operations directive resulted in the inundation of the laboratory during early 1982. The laboratory required significant and immediate changes in the facilities, staffing and technical procedures available to accomplish forensic testing.

Subsequently, about 100 military and civilian staff members were added, new equipment was purchased, new procedures were adopted and the building renovated. As a result, a state-of-the-art laboratory was established that ensured any positive result reported is carefully documented to support disciplinary proceedings.

The Oakland Navy Drug Screening Laboratory is one of five facilities servicing Navy and Marine Corps commands worldwide. Currently, a combined military and civilian staff of 75 persons complete testing of approximately 36,000 specimens per month for six classes of drugs. This involves a full line of testing service including documentation of results, consultation and expert testimony.

In his remarks at the lab's change of command ceremony, Capt. Levandowski noted that "our nation needs renewed sharp focus on the Pacific" where 60 percent of all humanity lives and where the fastest growing and most advanced economies are located.

"The burden of supporting our personnel in the Pacific basin is a tremendous challenge," Capt. Levandowski said. "That sharpened focus is bringing more ships to the San Francisco Bay Area and to the Puget Sound area in Washington—more ships, more crew and more dependents.

"With these facts in mind, the com-

manding officers within the Naval Medical Command, Northwest Region have taken on that challenge of meeting the fleet's needs through creative and resourceful management techniques, careful use of limited dollars, supplies and equipment," Capt. Levandowski praised. "They have done an outstanding job individually and collectively.

"The Navy Drug Screening laboratory's contribution to this effort has been to serve as a powerful tool in the Navy's zero tolerance to drug use."

Capt. Levandowski added that the Drug Screening lab personnel have been strong, active supporters of the Navy's personal excellence program.

"They recently showed the Navy's colors in a 'Just Say No to Drugs' effort at the San Leandro Cherry Festival. Their professionalism, dedication, hard work and accuracy are widely known and highly regarded. Commander Hilderbrand, you can be justly proud of the accomplishments of your entire staff."

A microbiologist, Cmdr. Crabbe is assuming command of the Navy Drug Screening Lab, Oakland, after a three-year tour as Administrative Officer for the Naval Biosciences Laboratory, Oakland.

"As a microbiologist, Commander Crabbe has served in a variety of billets in the Navy Medical Department," Capt. Levandowski stated. "He is also a consummate professional, and we are proud to have him on our Northwest Region team."

Cmdr. Hilderbrand's new assignment is on Capt. Levandowski's staff at Northwest Region headquarters as Assistant Chief of Staff for Plans and Operations, relieving Captain-selectee David L. Vosloh.



Commander and Mrs. J. R. Crabbe (far right and second from right respectively) greet guests during reception following Navy Drug Screening Laboratory change of command ceremony at Northwest Region "O" Club.

Next issue:
Mercy homecoming

Lifelines

Bricks, baked goods for zoo fund



Captain and Mrs. T. F. Levandowski look at bricks in the walkway at the entrance to the Knowland Park/Oakland Zoo. The GEOCOM Wives are spearheading a project to assist the zoo's fund-raising effort by "donating" bricks for \$25 each. Each brick is inscribed with the donor(s) name(s). Persons interested in the zoo project may contact NAVMEDCOM NW Region Commander or Chief of Staff's office for more information. (Photo by JOC M. D. McGougan)



Regina Howard (far right) and SKSN Angela Gala (second from right) of NAVMEDCOM Northwest Region Supply Department purchase goods from Marge Lesage during recent bake sale sponsored by GEOCOM Wives. The wives are spearheading a project to assist the Knowland Park/Oakland Zoo in a fund-raising effort. Money gained from the bake sale was donated to the zoo. (Photo by AN Deborah Davis)



Floral arrangements and stuffed animals were offered for sale along with baked goods during the recent GEOCOM Wives' sale to benefit the Knowland Park/Oakland Zoo. Each \$25 donation to the zoo by the wives' organization bought a brick in the walkway at the entrance to the zoo that was inscribed with "NAVMEDCOM NW Region." (Photo by AN Deborah Davis)

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Two-way dialogue

continued from page 3

mirror for others in the workplace. Managers are leaders who must lead by example. Leaders aren't born, they are developed. A more complete and better unit of Federal Managers can be developed through concentrated efforts toward communication and cooperation.

July 20

Astronauts Neil Armstrong, a former Navy pilot, and Air Force Col. Edwin E. Aldrin become first men to walk on the moon, 1969.

July 20, 1987

Club Corner

NW Region Upcoming events

Officers' Club

August 19: "Broadway on Parade" Show featuring singers and dancers performing Cabaret, Hello Dolly, Chorus Line and Annie. Showtime is 6 p.m. Cost is \$16 for adults and \$5 for children 12 and under.

Enlisted Club

July 24: Starting at 8:30 p.m. a "Toga Party" featuring a live rock band, Joyride. Everyone is invited to the "Porthole Animal House." Wear your "best" sheets and dance the night away!



Mess Management Specialist First Class Steven Ishmael (right) serves barbecued ribs to a customer at the EM Club as Manager Mary O'Donnell (center) looks on. Every Thursday from 4 to 7 p.m., the EM Club features barbecued ribs, steaks, chicken, burgers and hot dogs. (Photo by JOC M. D. McGougan)

Bravo Zulu for Mare Island corpsmen

By RM2 David Hessler

"I'd like to express my thanks to the medical staff of the Physical Exams Department for their support, speed and excellence in qualifying Guard enlistees."

These were the words from Staff Sergeant Art Aguirre, a Vallejo recruiter for the California Army National Guard, who made his comments at an awards ceremony on June 15, 1987, at Mare Island Branch Clinic. Honored were HM2 Marcelo Lopez, HM3 Jesse Jugo and HN Rex Antipuesto, all members of the Physical Exams Department.

SSgt. Aguirre praised the corpsmen of

the Physical Exams Department for completing several "short notice" physicals on National Guard enlistees during the first week of June.

"Their knowledge and professionalism in handling physical exams is a credit to the Mare Island Medical Clinic," stated Aguirre.

HM2 Lopez and his crew were presented Certificates of Appreciation by SSgt Aguirre. The certificates were signed by Major William Fortier, California Army National Guard Recruiting Induction Officer.

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213 Saturday, August 1

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Our Constitution: Separation of church and state

by Jonathan Arnowitz

One of the foundations of our Constitution, as a form of government is our series of "checks and balances," and separation of powers. Yet, the Constitution does not enumerate a single check or balance.

The only reference to checks and balances are in the Federalist Papers 47-51. It is in these papers that the plan of separation of powers is also delineated.

Federalist 51, written by James Madison, enumerates the ways the separate branches of power are intertwined

by checking one another. These checks are both internal and external. The external checks work with one branch involved in forming a law, another enforcing it, and yet another adjudicating it. Internal checks form differences within a branch. For instance, in the legislature, there are two houses elected differently and at different terms. Within the legislature are numerous divisions of caucuses, committees and sub-committees.

It is perhaps these ingenious checks that have prevented our nation from

degenerating into tyranny. For no one branch, no one person, can act in independence of another.

Most recently we have seen how Marine Lieutenant Colonel Oliver North could not act independent of his executive branch superiors, although which executive branch superiors remain much in doubt. Furthermore, let it be noted, that though Lt. Col. North's actions may have been "covert," he was nevertheless found out from within the executive branch. Consequently, the legislature is now

holding hearings on the executive branch's conduct. This recent arms scandal is an excellent example of checks and balances at work—a system forged over 200 years ago by men, who never heard of Iran, nuclear arms, or even covert military aid.

Federalist 51 illustrates again how basic and fundamental a reading of the Federalist papers is to our understanding of the Constitution. I pray you join us in commemorating the 200th birthday of our Constitution by reading Federalist 51, portions of which are reprinted below.



Madison saw no angels in governing process

February 6, 1788

To the people of the State of New York.

To what expedient then shall we finally resort for maintaining in practice the necessary partition of power among the several departments, as laid down in the constitution? The only answer that can be given is, that as all these exterior provisions are found to be inadequate, the defect must be supplied, by so contriving the interior structure of the government, as that its several constituent parts may, by their mutual relations, be the means of keeping each other in their proper places. Without presuming to undertake a full development of this important idea, I will hazard a few general observations, which may perhaps place it in a clear light.

In order to lay a due foundation for that separate and distinct exercise of the different powers of government, which to a certain extent, is admitted on all hands to be essential to the preservation of liberty, it is evident that each department should have a will of its own; that the members of each should have as little agency as possible in the appointment of the members of the others. Were this principle rigorously adhered to, it would require that all the appointments for the supreme executive, legislative, and judiciary magistracies, should be drawn from the same fountain of authority, the people, through channels, having no communication whatever with one another. Perhaps such a plan of constructing the several departments would be less difficult in practice than it may in contemplation appear. Some difficulties however, and some additional expence, would attend the execution of it. In the constitution of the judiciary department in particular, it might be inexpedient to insist rigorously on the principle; first, because peculiar qualifications being essential in the members, the primary consideration ought to be to select that mode of choice, which best secures these qualifications; secondly, because the permanent tenure by which the appointments are held in that department, must soon destroy all sense of dependence on the authority conferring them.

It is equally evident that the members of each department should be as little dependent as possible on those of the others, for the emoluments annexed to their offices. Were the executive magistrate, or the judges, not independent of the legislature in this particular, their independence in every other would be merely nominal.

But the great security against a gradual concentration of the several powers in the same department, consists in giving to those who administer each department, the necessary constitutional means, and personal motives, to resist encroachments of the others. The provision for defence must in this, as in all other cases, be made commensurate to the danger of attack. Ambition must be made to counteract ambition. The interest of the man must be connected with the constitutional rights of the place. It may be a reflection on human nature, that such devices should be

necessary to control the abuses of government. But what is government itself but the greatest of all reflections on human nature? If men were angels, no government would be necessary. If angels were to govern men, neither external nor internal controuls on government would be necessary. In framing a government which is to be administered by men over men, the great difficulty lies in this: You must first enable the government to controul the governed; and in the next place, oblige it to controul itself. A dependence on the people is no doubt the primary controul on the government; but experience has taught mankind the necessity of auxiliary precautions.

This policy of supplying by opposite and rival interests, the defect of better motives, might be traced through the whole system of human affairs, private as well as public. We see it particularly displayed in all subordinate distributions of power; where the constant aim is to divide and arrange the several offices in such a manner as that each may be a check on the other; that the private interest of every individual, may be a centinel over the public rights. These inventions of prudence cannot be less requisite in the distribution of the supreme powers of the state.

But it is not possible to give to each department an equal power of self defence. In republican government the legislative authority, necessarily predominates. The remedy for this inconveinency is, to divide the legislature into different branches; and to render them by different modes of election, and different principles of action, as little connected with each other, as the nature of their common functions, and their common dependence on the society, will admit. It may even be necessary to guard against dangerous encroachments by still further precautions. As the weight of the legislative authority requires that it should be thus divided, the weakness of the executive may require, on the other hand, that it should be fortified. An absolute negative, on the legislature, appears at first view to be the natural defence with which the executive magistrate should be armed. But perhaps it would be neither altogether safe, nor alone sufficient. On ordinary occasions, it might not be exerted with the requisite firmness; and on extraordinary occasions, it might be perfidiously abused. May not this defect of an absolute negative be supplied, by some qualified connection between this weaker department, and the weaker branch of the stronger department, by which the latter may be led to support the constitutional rights of the former, without being too much detached from the rights of its own department?

If the principles on which these observations are founded be just, as I persuade myself they are, and they be applied as a criterion, to the several state constitutions, and to the federal constitution, it will be found, that if the latter does not perfectly correspond with them, the former are infinitely less able to bear such a test.

There are moreover two considerations particularly applicable to the federal system of America, which place that system in a very interesting point of view.

First. In a single republic, all the power surrendered by the people, is submitted to the administration of a single government; and usurpations are guarded against by a division of the government into distinct and separate departments. In the compound republic of America, the power surrendered by the people, is first divided between two distinct governments, and then the portion allotted to each, subdivided among distinct and separate departments. Hence a double security arises to the rights of the people. The different governments will controul each other; at the same time that each will be controlled by itself.

Second. It is of great importance in a republic, not only to guard the society against the oppression of its rulers; but to guard one part of the society against the injustice of the other part. Different interests necessarily exist in different classes of citizens. If a majority be united by a common interest, the rights of the minority will be insecure. There are but two methods of providing against this evil: The one by creating a will in the community independent of the majority, that is, of the society itself; the other by comprehending in the society so many separate descriptions of citizens, as will render an unjust combination of a majority of the whole, very improbable, if not impracticable. The first method prevails in all governments possessing an hereditary or self appointed authority. This at best is but a precarious security; because a power independent of the society may as well espouse the unjust views of the major, as the rightful interests, of the minor party, and may possibly be turned against both parties. The second method will be exemplified in the federal republic of the United States. Whilst all authority in it will be derived from and dependent on the society, the society itself will be broken into so many parts of interests and classes of citizens, that the rights of individuals or of the minority, will be in little danger from interested combinations of the majority. In a free government, the security for civil rights must be the same as for religious rights. It consists in the one case in the multiplicity of interests, and in the other, in the multiplicity of sects. The degree of security in both cases will depend on the number of interests and sects; and this may be presumed to depend on the extent of country and number of people comprehended under the same government. This view of the subject must particularly recommend a proper federal system to all the sincere and considerate friends of republican government: Since it shews that in exact proportion as the territory of the union may be formed into more circumscribed confederacies or states, oppressive combinations of a majority will be facilitated, the best security under the republican form, for the rights of every class of

citizens, will be diminished; and consequently, the stability and independence of some member of the government, the only other security, must be proportionally increased. Justice is the end of government. It is the end of civil society. It ever has been, and ever will be pursued, until it be obtained, or until liberty be lost in the pursuit. In a society under the forms of which the stronger individuals are prompted by the uncertainty of their condition, to submit to a government which may protect the weak as well as themselves: So in the former state, will the more powerful factions or parties be gradually induced by a like motive, to wish for a government which will protect all parties, the weak as well as the more powerful. It can be little doubted, that if the state of Rhode Island were separated from the confederacy, and left to itself, the insecurity of rights under the popular form of government within such narrow limits, would be displayed by such reiterated oppressions of factious majorities, that some power altogether independent of the people would soon be called for by the voice of the very factions whose misrule had proved the necessity of it. In the extended republic of the United States, and among the great variety of interests, parties and sects which it embraces, a coalition of a majority of the whole society could seldom take place on any other principles than those of justice and the general good; and there being thus less danger to a minor from the will of the major party, there must be less pretext also, to provide for the security of the former, by introducing into the government a will not dependent on the latter, or in other words, a will independent of the society itself. It is no less certain than it is important, notwithstanding the contrary opinions which have been entertained, that the larger the society, provided it lie within a practicable sphere, the more duly capable it will be of self government. And happily for the republican cause, the practicable sphere may be carried to a very great extent, by a judicious modification and mixture of the federal principle.

chronology

The meeting which led to the writing of our Constitution convened May 25, 1787. The bicentennial celebration will encompass the anniversary of this and many other historic landmarks, such as the following:

- July 26, 1787: Committee assigned to prepare preliminary draft of the Constitution.

- Aug. 6, 1787: Printed draft of Constitution presented to Constitutional Convention.

- Sept. 8, 1787: New committee assigned to prepare final draft of Constitution.

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7/13

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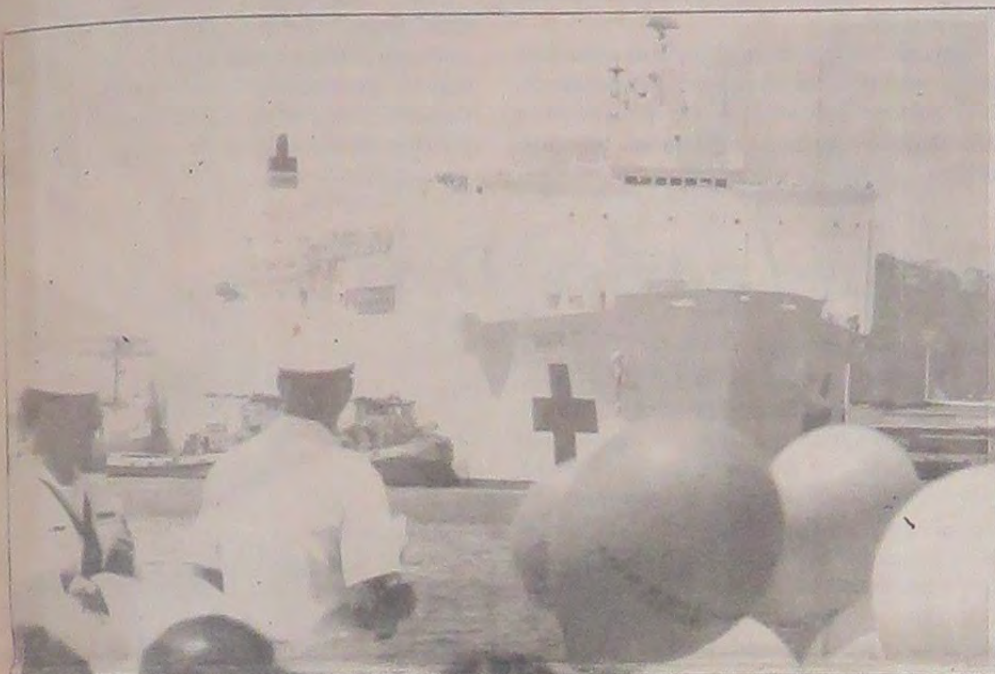
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USNS Mercy welcomed home



Families of crewmembers, and well-wishers crowd the pier at NSC Oakland as the hospital ship USNS Mercy (T-AH-19) makes its final approach. (Photo by AN Deborah Davis)

By Howard G. Thomas

The Navy hospital ship USNS Mercy (T-AH-19) arrived at her new homeport at Naval Supply Center, Oakland, CA, Monday July 13, following a successful four-and-a-half month training and humanitarian mission to the west and south Pacific.

Admiral James A. Lyons, Jr., Commander in Chief Pacific Fleet was on hand to greet the ship and present the crew with the Meritorious Unit Commendation Medal.

"We have shown we can project power," said Admiral Lyons. "By the Mercy efforts we have also shown we can project humanity," he added.

Oakland Mayor Lionel Wilson welcomed Mercy with a key to the City saying, "We are proud to welcome Mercy to Oakland. This is an historic day for our city."

Other distinguished guests included

Dr. C. Everett Koop, United States Surgeon General, and Dr. William Mayer, Assistant Secretary of Defense for Health Affairs.

Dr. Mayer praised the mission saying, "The Mercy serves to conserve our fighting strength and take care of our men and women who go in harms way."

The crowd, estimated to be nearly 3,000 people, provided a colorful backdrop for the sunny California welcome.

USNS Mercy will soon enter into reduced operating status where she will be available for call-up within five days if needed.

Mercy was commanded by Captain Richard Hosey, a ship's Master with the Military Sealift Command Pacific. Her Medical Treatment Facility was commanded by Rear Admiral Donald Sturtz, MC, USN.

See Mercy homecoming photos on pages 5, 6 and 7.

Mercy awarded Meritorious Unit Citation

The Secretary of the Navy takes pleasure in presenting the Meritorious Unit

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Task Element 73.7.1.1

consisting of

USNS MERCY (T-AH-19)

USNS SIOUX (T-ATF-171)

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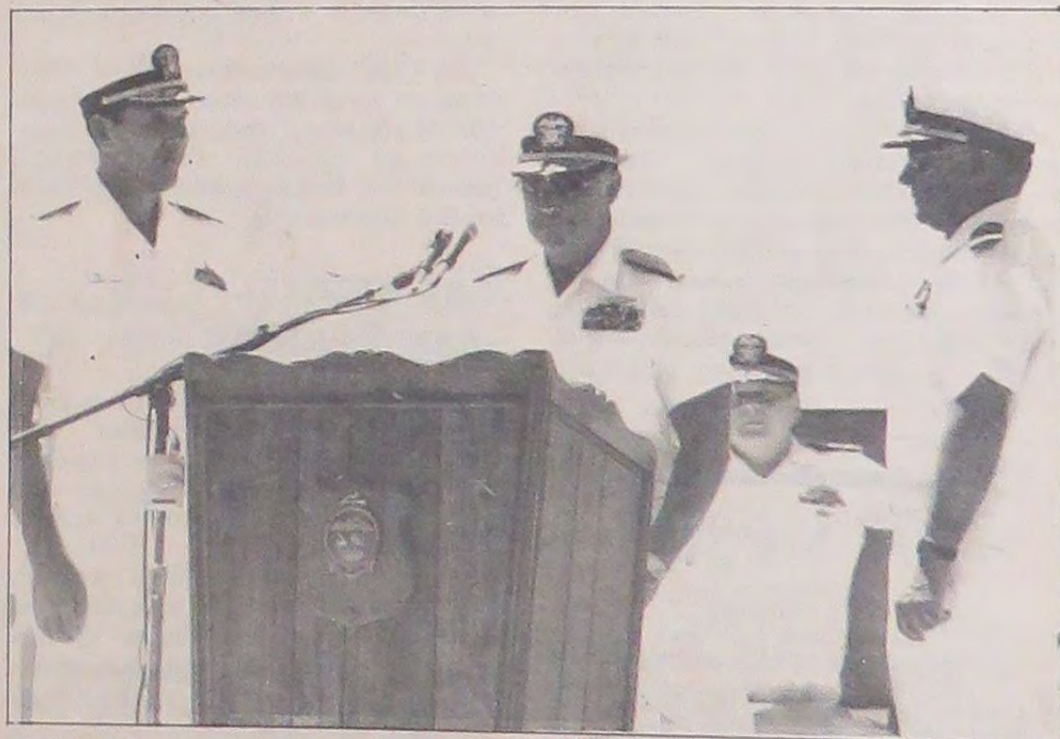
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For meritorious service in connection with the USNS Mercy (T-AH-19) humanitarian training mission from 27 February 1987 to 10 July 1987. Task Element 73.7.1.1 was assigned to provide medical aid and training to the Philippines and South Pacific nations in demonstration of the United States national resolve to provide humanitarian medical aid to people in need. Deploying to the Western Pacific on short notice with a heterogeneous crew of Army, Navy, Air Force Marines, and Civilian Mariners, the Task Element treated more than 62,000 patients in 100 days and trained more than 1,100 doctors, nurses, and dentists. Over 2,000 surgeries of myriad types and complexities were performed, giving new meaning of life to people who previously held no hope for cure or relief. These successes were achieved in spite of seven-day work weeks, oppressive tropical heat and humidity, and makeshift facilities. Superb leadership, unwavering determination, and heartfelt compassion for people in need pushed the men and women of the Task Element to the limits of their endurance and to the pinnacle of excellence. By their continuous display of professionalism, determination, and total devotion to duty, the officers, enlisted personnel, and civilian mariners of Task Element 73.7.1.1 and participating units reflected credit upon themselves and upheld the highest traditions of the United States Armed Forces.

Signed

James H. Webb, Jr.

James H. Webb, Jr.
Secretary of the Navy



Admiral James A. Lyons, Jr. (center) Commander in Chief, Pacific Fleet, makes the presentation of the Meritorious Unit Commendation to the hospital ship USNS Mercy (T-AH-19) and its crew. Accepting the award on behalf of the crew for the humanitarian training mission is Rear Admiral Donald Sturtz (left) Commanding Officer of the Medical Treatment Facility in Mercy; and Ship's Master Captain Richard Hosey, Military Sealift Command, Pacific. (Navy Photo by AN Deborah Davis)

News

DEPMEDS: Navy's deployable medical system begins training

By Donna Bolinger

Active duty and Reserve component medical personnel will soon get a chance to train using the Defense Department's newest deployable medical system, DEPMEDS.

Scheduled for official introduction later this year, the system will be the first to be used by all four military services to treat combat casualties.

Providing the best wartime medical care possible has always been a major concern of the military. But with the new deployable medical system, improved health services will be offered closer to the front lines than ever before. This will allow medical personnel to tend to casualties with fewer delays, speeding up injured service members' recovery and return to duty.

Since the system is standard for all services, it is being bought in larger quantities, at a lower per-unit cost than those

it replaces, according to Wilbur J. Balderson, assistant staff director of the Defense Medical Standardization Board.

Balderson said the new deployable system consists of medical specialty sets, housed in newly designed expandable shelters or tents.

These modules can be positioned together into about 15 different configurations, depending on the size, mission and location of the facility.

In the case of a 356-bed hospital to the rear of the combat zone, for example, about 25 of the basic deployable medical system's modules can be positioned together.

This was the configuration used by the Army's 21st Evacuation Hospital at Fort Hood, Texas, which gave the new system the thumbs-up after testing in late 1984.

The unit positioned these modules to provide operating rooms with six operating tables, X-ray rooms, a phar-

macy, laboratory, blood bank, triage, emergency and pre-operation area, patient wards, a physical therapy area, and optometry and general dentistry clinics. Separate modules were used for central materiel services and medical supply areas.

Balderson said each DEPMEDS unit will be equipped with the surgical sets and other medical and non-medical support equipment needed to operate it. Many of the items used in the Army's MUST (Medical Unit Self-Contained Transportable) system, such as the Army-developed operating table, hospital bed, anesthesia apparatus and surgical instrument tables, were adapted to DEPMEDS.

The new systems will include standardized non-medical equipment: generators, food service systems, water distribution and utilities support systems, hospital baths, oxygen generating systems,

special water-production systems, power distribution systems and environmental control units.

As proven during the test, the individual modules are easily transportable and can be quickly disassembled, repacked, transported to a new field site and reassembled. They can be strategically airlifted as well, providing a flexibility not available in the systems they replace.

All services appear to have big plans for DEPMEDS; each will use DEPMEDS equipment to outfit its combat zone and communications zone hospitals such as aboard USNS Mercy and USNS Comfort.

To be pre-positioned throughout the United States and overseas beginning this year, the systems will increase military medical readiness. Primary users will be members of the Reserve and National Guard, who would provide a large portion of the military's medical support during wartime.

Physical readiness...are you?

There's a lot more to the new Physical Readiness Program than just a fitness test. OPNAVINST 6110.1C provides a basic exercise program to help prepare for the test, requires entries in evals and fitreps if performance is below par, and offers serious consequences to those who don't meet the standard.

Your command fitness coordinator is working closely with the Medical Command to make sure physicals are current and that everyone is screened for risk factors and checked out before the test. Medical officers also provide obesity evaluations.

Exercise is a key element of the new program. The new twice-yearly test evaluates aerobic endurance (1.5-mile run or 500-yard swim), flexibility (sit reach), and muscular strength (sit ups, push ups). Height/weight standards are out, and a new body fat measuring system and tables are in. Navy men and women who can't meet the standards face mandatory remedial exercise.

Good nutrition goes hand in hand with the basic exercise program. "Garbage in—garbage out" isn't just applicable to computers. The human body needs the proper food for peak performance. Watch out for high calorie intake, excessive fat consumption and too much salt. Your body is the Navy's most critical piece of machinery. Give it good fuel and main-



"It's just no use. You'll have to go on a diet before the test."

tain it properly to keep it running in top form.

The CNO expects you and all Navy people to meet minimum standards by 1989. If you're a winner—the Navy wins. Fitness for life—that's the watchword. Contact your fitness coordinator for more detailed information.

Eat smart... stay healthy!

Put down your bug juice, push away that soft ice cream and read this.

The people who develop Navy recipes and those who design Navy club and snack bar cuisine are declaring war on sugar, fat and salt.

Messes will start offering popular, nutritious and tasty foods with minimum levels of salt, fat and calories. Chinese five-spice chicken and baked potato stuffed with chili may tempt you away from your daily slider and fries.

Navy clubs and snack bars introduced "Healthy Cuisine" in January. Instead of a corn dog between frames at the bowling alley, try a cucumber cooler or a pita bread pizza. Club managers and chefs have a number of guides to help them lower calories, fat or cholesterol, but still offer you appetizing foods.

A healthy, calorie-correct diet for all Navy men and women is part of the CNO's Personal Excellence Program. For more information, consult your command physical fitness coordinator.

Women advise DoD

By David Kashimba

The Defense Advisory Committee on Women in the Services (DACOWITS) was established in 1951 to assist the Department of Defense in the recruitment and retention of servicewomen and to advise the Secretary of Defense on policies and matters relating to women in the military.

"The excellent service of women in the military during World War II made the president and Secretary of Defense aware of the need to retain qualified women in the military services," said Jeanne Moore, Deputy Director, Department of Industrial Relations for the state of California. Moore was appointed to DACOWITS in March 1986 by the Secretary of Defense for a three-year term.

DACOWITS members continue to serve as a vital link between the armed services and the civilian sector in the Department of Defense effort, strengthening the role of military women in the Armed Forces.

"This has been a tremendous learning experience for me," Moore said. "My first year in DACOWITS has been a year of seeing things and learning from what I see. For example, I was able to tour the aircraft carrier USS Kitty Hawk during Fleet Week last year. It's absolutely massive!"

"People talk about how huge the defense budget is, but going aboard an aircraft carrier gives you a perspective of the cost involved in building and maintaining just one ship. Then you think about how many ships there are in the Navy, not to mention personnel and other equipment and the Navy is just one branch of the armed services. I've never been involved with an issue as complex and interesting as the military. There is no question that I will always be interested in military affairs and women's role in the military."

This is one reason the Secretary of Defense appoints committee members from the civilian sector: exposing these members to the many facets of women's roles in the military breeds a lifelong interest and better communication between the military and civilian communities.

In its recommendations to the Secretary of Defense, DACOWITS has been instrumental in effecting changes with retention rate, housing, pay and



Jeanne Moore.

allowances, job opportunities, career advancement and existing inequities. The committee is divided into three subcommittees. Moore recently became the vice chair of the subcommittee number for Forces Utilization. One of the major issues that her subcommittee is working with is the "Impact of Combat Exclusion Policy."

Title 10 of the United States Code excludes women from direct combat. This exclusion also keeps women out of certain nontraditional positions that could lead to better career advancement opportunities. "Positions that heretofore have not been open to women, need to be open and this momentum has to continue," Moore said. "I think this is the major issue of career women in every sector. In the military it's tied in very closely to the 'Combat Exclusion Policy.' The more women that enter nontraditional areas the more they're going to advance simply because they have a broader range of experience."

There are many arguments for and against women in combat. Certainly one argument against is based on women's psychological and physical ability to perform equally to a man in a combat situation. However, during the Vietnam conflict, North Vietnamese women were trained to fight alongside North Vietnamese men. The women were reported to have fought just as fiercely as the men.

please see page 3

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Editorial Consultant... JOC Mike McGougan
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolison
AV: 317-692-4178
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Women continued from page 2

"At our last DACOWITS meeting in Williamsburg, Virginia, I met Lieutenant Commander Beth Huber," Moore said. "She's the only woman jet test pilot in the Navy. It's taken a long time for a woman to break this tradition, but Lt. Cmdr. Beth Huber has proven herself in this nontraditional role. DACOWITS

recognizes and works to ensure the role of women as full partners in our national defense with opportunity for equal progress with their male counterparts."

Moore encourages military women interested in DACOWITS to write to Major Ilona E. Prewitt, Director DACOWITS, Department of Defense, Defense

Advisory Committee on Women in the Services, Pentagon, Washington, DC 20301.

"One of the best things that DACOWITS does, is to inform women what our country's military is all about," Moore said. "Women have performed magnificently in all the jobs they have

assumed in the military. If women remain in positions that have been traditionally comfortable, things will stay just the way they are. The most important career move military women can make is to break into nontraditional roles."



Mission of Mercy

Thousands of Filipino residents of the city of Puerto Princesa, Palawan, Republic of the Philippines, wait in line in the broiling sun at the staging area for a chance at free medical treatment offered by the U.S. Navy hospital ship, *Mercy*. Medical and dental clinics were set up ashore as part of the ship's humanitarian mission to the Philippines and the South Pacific. (Photo by PHC J. Kristoffersen)

Photos of the *Mercy's* homecoming are on pages 5, 6 and 7.

The many benefits of investing in Savings Bonds

This year's campaign should be "success built upon success," said Secretary of Defense Caspar W. Weinberger as he launched the 1987 Federal Savings Bond Campaign and commenced his second year as chairman of the Interagency Savings Bonds Committee.

Referring to 1986 sales — highest since World War II — Weinberger challenged service secretaries and agency directors to shoot for a 10 percent increase in participation over last year's campaign.

In 1986, \$8.3 billion worth of savings bonds were sold, bringing the total worth held by people today to more than \$93 billion. More people own U.S. savings bonds than any other security in America. The reasons are:

Competitive interest rates. Since Nov. 1, 1982, series EE savings bonds have earned variable, market-based interest, like money-market accounts, if held for five years. Rates are adjusted semi-annually, each May and November, based on 85 percent of the market rates on five-year Treasury securities during the preceding six months. If the interest rates go up, the bond holder receives the higher rate. If market rates should drop, the holder will not receive less than the interest rate in effect at the time of purchase.

Bonds held less than five years earn interest at a fixed, graduated

rate according to a scale in effect on the date of purchase. For bonds purchased after Nov. 1, 1986, these rates range from 4.16 percent to 6 percent, depending on how long the bonds are held.

Tax advantages. There is no state or local income tax on interest earned from savings bonds, and you can defer federal income tax until you cash the bonds. If you are saving for a child's education, you may get additional tax savings by purchasing bonds in the child's name.

Safety. If lost, stolen, mutilated or destroyed, the bonds will be replaced without charge upon application and will bear the original issue dates. For this purpose, owners should keep a record of the serial numbers, issue dates and names and addresses on the bonds. Provide this information when reporting lost bonds to: Bureau of the Public Debt, Parkersburg, WV 26106-1328.

Easy to buy. Savings bonds are available in eight denominations, from \$50 to \$10,000. The price you pay is half the bond's face value. There are no service charges for buying or redeeming the bonds, as there are with many other investments.

They may be purchased through regular deductions from your pay. You can choose the amount set aside, the denominations you want

and the names on the bonds. They may also be purchased over the counter at many banks and other financial institutions.

The following table shows how different amounts set aside every two weeks would build up in 10 years at 6 percent interest, the current minimum rate.

Save Every Two Weeks	For 10 Years At 6 Percent
\$ 7.50	\$ 2,655.00
12.50	4,436.52
25.00	8,882.20
50.00	17,764.40
100.00	35,528.80

Strengthens America's economy. In addition to personal benefits, U.S. savings bonds reduce the cost of financing the public debt.

Further information about savings bonds can be obtained at most financial institutions, Federal Reserve banks and Savings Bonds Division district offices. You can get current information by calling 1-800-US BONDS toll-free or if you are in the Washington, D.C., area, USA-8888.

Savings Bonds Role in History

The sale of U.S. government securities dates back to 1776, when private citizens purchased more than \$27 million in bonds to help finance the Revolutionary War.

They bought them on trust, not knowing if they would ever see their money again. After the war, the new government paid off all the obligations — in full and on time.

Savings bonds as we know them today were established in the middle 1930s. This was at a time when people's incentives to save and their confidence in financial institutions had been shaken by the Great Depression.

The savings bond program offered at that time an opportunity to broaden the base of the public debt by attracting small savers. Initial investments could be small, the interest rate was attractive and the holding period relatively short. For the government, the program offered an opportunity to reduce its dependency on large investors and commercial banks.

The most popular savings bond of all time was the "E" series, first offered in 1941 to help finance the war effort and control inflation. During the World War II era, Americans bought more than \$54 billion worth of "E" series bonds.

AIDS in the news

DoD issues clarified policy on military personnel with AIDS

by Evelyn Harris

American Forces Information Service

A new policy concerning service members infected with the Human Immuno-deficiency Virus (HIV), the virus that can cause Acquired Immune Deficiency Syndrome (AIDS), has been issued by Defense Secretary Caspar Weinberger.

These new policies revise and change the original HIV policy issued in October 1985.

An example of one of those changes is that members infected with HIV cannot be assigned outside the continental United States. Under the old policy, infected members could have been deployed at their service's discretion.

Case contact information, once voluntary, now must be shared with civilian authorities. Furthermore, while mandatory testing of civilians is prohibited, a task force will look into cases where testing of civilians may be necessary.

The new policy also mandates an aggressive HIV education program, to follow the U.S. Public Health Service guidelines.

The revised policy compiles many HIV and AIDS related issues into a single

document. For example, the new policy comprehensively covers testing and disposition of reservists, ROTC members, service academy cadets and officer candidate or training school members.

In addition, the new policy spells out specifically that "fitness for duty" is the servicewide criteria for determining whether to separate HIV-positive members following a medical evaluation.

Applicants for all military services are tested. If they are HIV-positive; then, the applicant is denied entrance into the armed services.

Enlisted members who are in officer candidate programs are immediately disenrolled. Those with no previous military experience are immediately discharged. Those candidates who have completed their initial-entry training before entering the candidate program will follow service regulations. In any case, if being HIV-positive is the sole basis for discharge, the service will issue an honorable discharge.

ROTC students are disenrolled at the end of the academic term or semester in which they tested positive. Those who receive financial support from ROTC will

continue to do so until the end of the term in which they are disenrolled. They will not have to pay this assistance back.

Cadets and midshipmen at service academies are discharged. However, the service secretary or his designated representative may delay separation until the end of the academic year. Students granted the above delay in their final year may graduate without being commissioned and then discharged.

The policy also effects antibody-positive individuals in DoD program leading to appointments as specialists such as: physician, dentists, lawyers, and chaplains. These individuals are discharged at the end of their term in which they are confirmed positive.

Civilians who are entitled to care at military facilities may be offered HIV screening, if they desire to be tested. HIV screening could be offered at sexually transmitted disease clinics, alcohol and drug rehabilitation units, and pre-natal care. All civilian patients have the right to refuse testing.

After a service member tests positive
When military health officials confirm an individual is antibody-positive, that

person will be counseled on health and hygiene precautions that reduce the risk of transmission. In addition, the individual's sexual contacts will be notified without identifying the infected individual. Women will be advised of the risk of transmission to the fetus during pregnancy. To protect the blood supply, HIV-positive persons will be notified that they cannot donate blood and will be placed on a permanent donor-deferral list.

The new policy heavily emphasizes educating service members on high-risk behavior for becoming infected with and spreading the virus. Among the pamphlets DoD uses to educate people are almost 500,000 copies of the Surgeon General's Report on Acquired Immune Deficiency Syndrome.

DoD also emphasizes education through command newspapers and other media. They additionally use commercial films such as *Facts over Fears* and the American Red Cross' *Beyond Fear*. Also, public service spots have been produced for overseas military TV. The services have developed briefing packets and have purchased other materials for special target audiences.

Testing active duty members for AIDS—an update

The military screens active duty members for infection by human immunodeficiency virus (HIV) in the following order:

1. Individuals serving in, or subject to, deployment on short notice to areas of the world with a high rate of endemic diseases or with minimal medical capabilities.

2. Individuals serving in, or pending assignment to, overseas permanent-duty stations.

3. Individuals serving in units subject to overseas deployment.

4. Other individuals who are involved in the care of HIV-infected patients, patients in sexually transmitted-disease clinics and prenatal clinics.

5. All remaining individuals during routine physicals.

As of April, 1,717,000 military members had been tested for HIV antibodies. Overall, 75 per-cent of the force has been tested: 96 per-cent Army, 79 per-cent Navy and Marine Corps, and 55 per-cent Air Force. The overall positive rate for the services is 1.5 per 1,000 in-

dividuals. Since only the military conducts mass screenings, it is difficult to estimate the rate for the general population; however, the U.S. Center for Disease Control in Atlanta estimates that up to 1,500,000 persons in the country are infected. That figure represents a positive rate of 6.25 per 1,000 persons.

Valiant soldier fights AIDS virus

by Marian L. Smith

Reprinted from the *Foghorn*

"I am a success story: I'll be celebrating my fifth anniversary since diagnosis on July 7, 1982," said Specialist Fourth Class Wayne Steinhorst.

Steinhorst has Acquired Immune Deficiency Syndrome (AIDS). He is currently a patient at Letterman Army Medical Center (LAMC) waiting for a medical board.

The 24-year-old was trained as a finance clerk. He joined the Army in June 1981, right after graduation from Van Buren Vocational School in his native San Francisco. After basic training at Fort Leonard Wood, Missouri, and Advanced Individualized Training at Fort Benjamin Harrison, Ind., he was assigned to U.S. Army Garrison at Presidio of San Francisco. Steinhorst then left for the 18th Finance Company in Frankfurt, Germany, then moved to Vinthill Farms Station, Virginia. He returned to the Presidio on May 1, 1987 as a patient at LAMC.

Steinhorst was diagnosed as having AIDS while he was with USAD, June 25, 1982. "I was experiencing rapid weight reduction, constant fevers, chills, nausea and dizziness. At first they thought it

was flu or hepatitis," he explained. "Dr. Conrad Casavantes and R.C. Rodgers, from the University of California at San Francisco, eventually took over my case. They found that I had the HIV virus and a low T-cell count."

Steinhorst spent four months in the hospital. "They said I'd be medically retired if I didn't bring myself back up, so I did."

With the knowledge that he had AIDS, turbulent thoughts whirled through his mind. He was only 19 years old when he found out.

"I thought about suicide. I thought, 'should I kill myself before it kills me?' A lot of thoughts ran through my head. It took me three months to figure out that I'm going to live." With a satisfied smile the brown-eyed soldier continued, "I'm still here. I'm still fighting."

Since he's been at Letterman, Steinhorst's days have become routine. He gets up around 6 a.m. and watches the news while he sips his morning coffee. Later in the day, he likes to get "out and about" and go shopping or just walking around the city.

To stay healthy, Steinhorst takes vitamin C and B complex vitamins. Since

his diagnosis in 1982, he has suffered only from common colds and sinuses. He is given T-helper cell count tests on a regular basis for monitoring purposes.

He said he has seen a change in the way the Army is handling its AIDS patients.

"In 1982 the nurses were scared. They didn't even want to talk to me. They were scared because they weren't sure how it was transmitted then. The Army is helping people a lot now, compared to 1982. The Army is more compassionate now. They provide you with psychological and group therapy, as well as safe sex education. I definitely think everyone thinks the Army kicks you out. They don't, they medically retire you."

Steinhorst attributes his success to his frame of mind. "Having the right mental attitude has helped me out a lot," he said. He also gives a lot of credit to his family for their strong support. "At first my family was very scared. There is no cure, and you never think it will happen in your family. They've given me a lot of emotional support."

Steinhorst also gives credit to Sergeant First Class Pangdan, Non-Commissioned Officer in Charge of Ward

10 East, and his staff. "They are very helpful and caring and the nursing staff is wonderful. They make you feel comfortable."

Steinhorst's current doctor is Dr. Amy Kadakia, the attending AIDS physician at LAMC. "She and her co-workers, Lieutenant Colonel William Byrne, are two of the best I've ever seen," commented the soldier.

Steinhorst wants to work in finance on the Presidio. "Hopefully, I'll be able to put my six years of finance to work," he said. Steinhorst is scheduled to be medically discharged in August.

Steinhorst was in Washington D.C. June 3-17 for experimental drug testing. The drug is supposed to prevent pneumocystic pneumonia, an opportunistic disease that attacks people with AIDS which is the number one killer of AIDS patients.

With all the test and treatments and new discoveries in the fight against AIDS, Steinhorst still believes it is his mental attitude that helps the most.

"I've been fighting this thing for five years, and I'm going to keep fighting," he declared as a look of determination took over his boyish face.

Mercy homecoming

Resolution by California Senator Nicholas C. Petris

WHEREAS, USNS Mercy, recently having completed her humanitarian training mission to the Republic of the Philippines and the South Pacific, will arrive in her homeport of Oakland on July 13, 1987; and

WHEREAS, USNS Mercy, the largest hospital ship in the world, was converted from a crude oil tanker to a hospital ship in 1986 in San Diego and when she departed San Diego for the Philippines on February 27, she was staffed with 550 medical and support personnel from the Navy, Army, Air Force, and Public Health Service and 72 civil service mariners; and

WHEREAS, Her primary mission is to provide acute medical and surgical care in support of Rapid Deployment Forces, U.S. Marine Amphibious Task Forces, and Forward Deployed Navy Fleet activities located in hostile areas, and her secondary mission is to provide a full-service hospital facility that can be deployed world wide to support disaster relief operations; and

WHEREAS, During her recent voyage, her staff performed 848 major surgeries aboard the hospital ship and another 1,108 minor operations ashore, and in the seven ports she visited, about 150 local volunteers assisted at clinic sites each day; and

WHEREAS, For their exemplary services, the crew was presented the Republic of the Philippines Presidential Unit Citation from President Corazon Aquino; now, therefore, be it

RESOLVED BY THE SENATE RULES COMMITTEE, That the Members draw special public attention to USNS Mercy for the humanitarian and training services which her crew provided during her mission to the Republic of the Philippines and the south Pacific, and extend to her their heartiest welcome as she arrives in her homeport of Oakland; Senate Rules Committee Resolution No. 1117 adopted July 7, 1987.

CNO gives 'Well done!'

Chief of Naval Operations Admiral Carlisle A.H. Trost said in a message to Mercy's crew: "The professionalism demonstrated by you in the successful execution of the most demanding mission reflects very favorably upon yourselves and your respective services. Drawn separately from across the active and reserve components of the U.S. armed services and the civil service on relatively

short notice, you forged a winning combination of skills, motivation and personal professional dedication without which this mission would not have been possible. In so doing, you have individually and collectively contributed to the well-being of peoples across a vast expanse of the Pacific theater, and significantly enhanced the image of the United States in that region. Well Done."

Message to Mercy crew from Surgeon General of the Navy

You are completing a task of the greatest value to your country and to the individual services and disciplines that you represent, and I want you to know how much that means to America, and to the medical services of the Navy, Army, Air Force and public health. Military Sealift Command people have also excelled in making it possible to put your treatment on target. As medical people, regular and reserve, working together in unprecedented circumstances, you have

achieved the combined objectives of improved military readiness and humanitarian service on a massive scale with an excellence which brings great credit to your services and to each of you.

Each person involved with this superb and important effort has much to be proud of. You may be very sure that your colleagues in uniform, and the countrymen we all serve, are proud of you also.

Vice Admiral James A. Zimble
Medical Corps, U.S. Navy



Children of Mercy crewmembers hoist messages they created at a poster party several weeks prior to the hospital ship's homecoming. Left to right, the youngsters are: Shannon Partridge, Jason Partridge, Ryan Jon Rothacker and Kelly Partridge. (Photo by AN Deborah Davis)



Captain and Mrs. T.F. Levandowski join Naval Supply Center's mascot Oscar for pre-arrival festivities. (Photo by AN Deborah Davis)

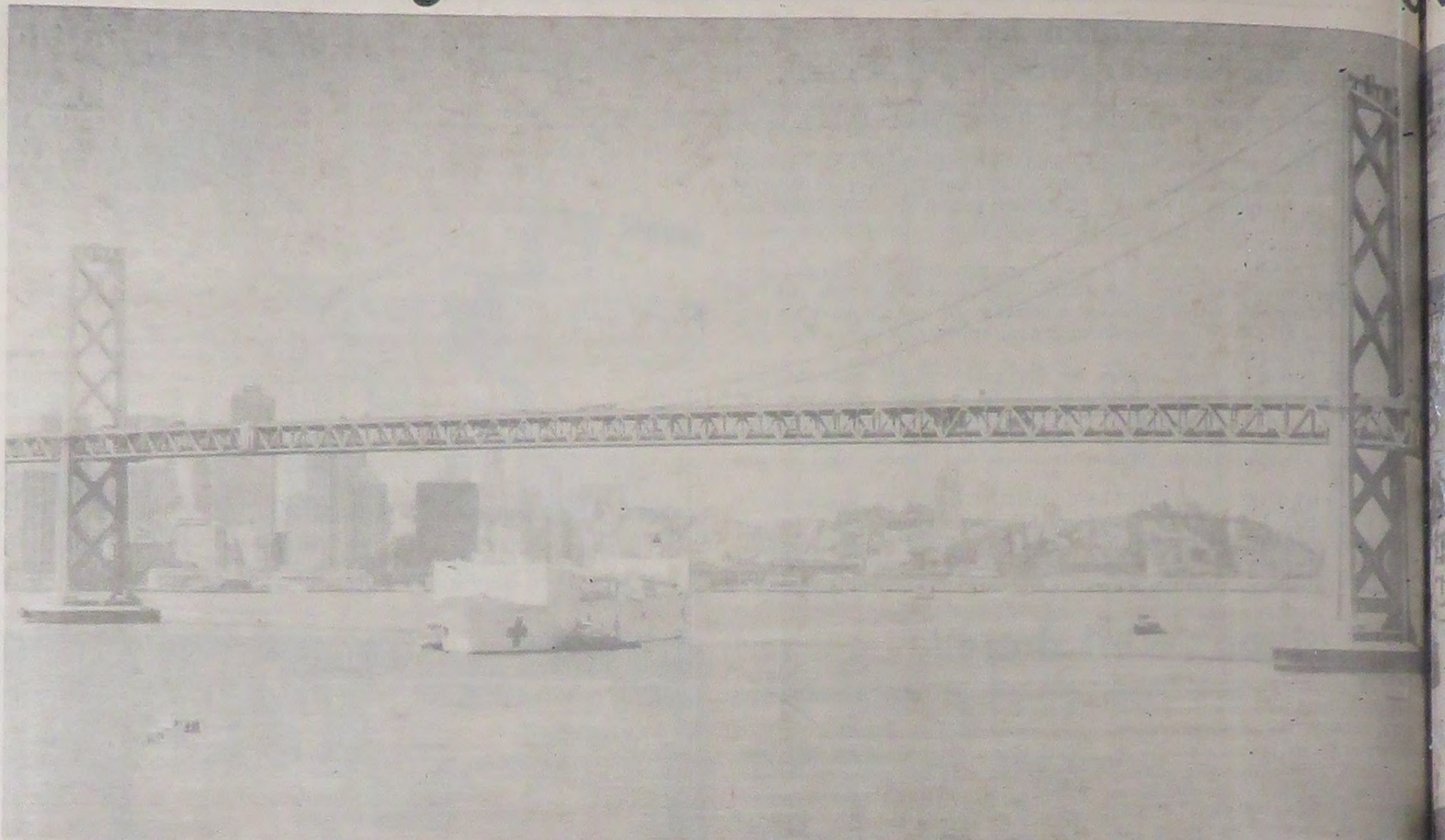


Members of the Rigodon de Honor Dancers of America entertain Mercy crewmembers' families and well-wishers who gathered to welcome the Navy's only hospital ship to her new home port at Naval Supply Center, Oakland. The dancers, Filipino-Americans residing in the Bay Area, performed at the ship's homecoming as an expression of support for the crew in the accomplishment of the Mercy mission in their Philippine homeland. (Navy Photo by AN Deborah Davis)



Entertaining crowds waiting for the homecoming of the Navy hospital ship USNS Mercy (T-AH 19) is the 60th Air Base Group Honor Guard and Drill Team from Travis Air Force Base. (Navy Photo by AN Deborah Davis)

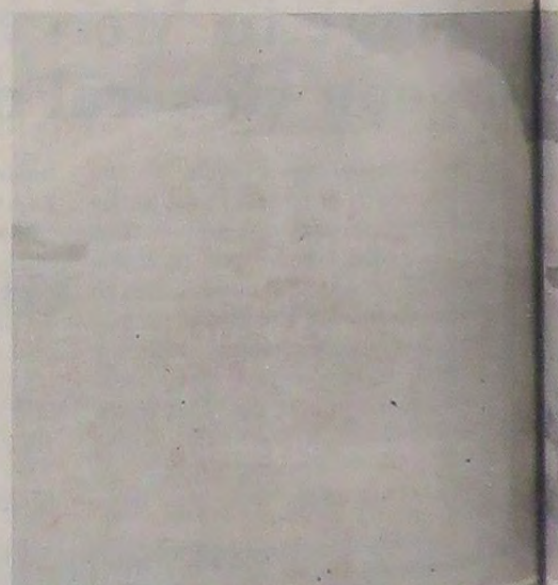
Gala Bay Area welcome for W



The Navy hospital ship USNS Mercy (T-AH)19 glides beneath the San Francisco/Oakland Bay Bridge on her way to the Naval Supply Center Oakland, and home. (Navy Photo by PH1 Phil Wiggins)



Tugboats nudge USNS Mercy toward its homeport at the Naval Supply Center in Oakland. San Francisco and the Bay Bridge loom in the background. (Navy Photo by AN Deborah Davis)

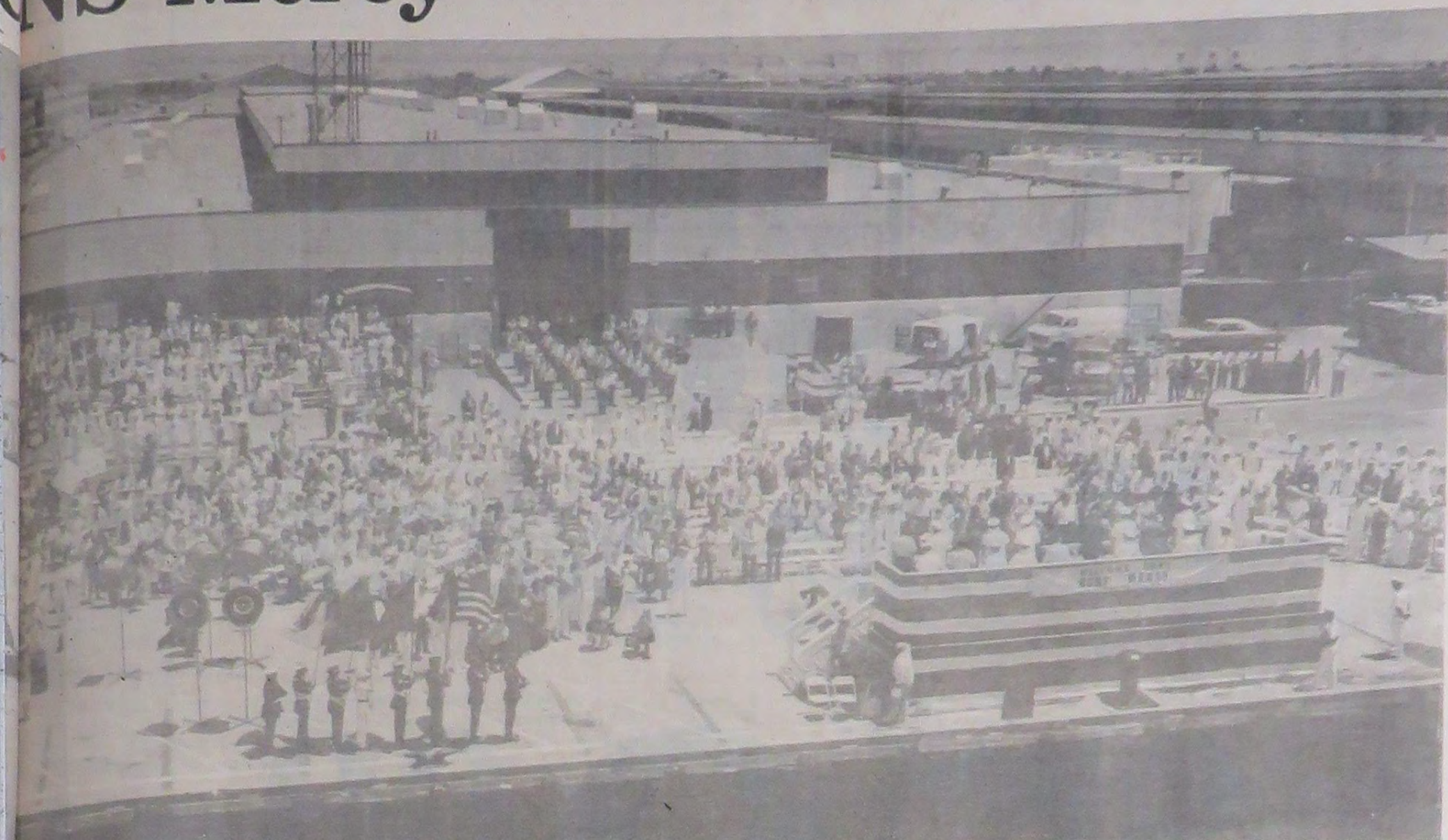


Fireboats, and the City of San Francisco greet USNS Mercy.



Air Force Colonel Keith Stottlemeyer, Pulmonary Surgeon, He was a member of the USNS Mercy (T-AH)19. (Navy Photo by Deborah Davis)

USNS Mercy



Families, distinguished guests and well-wishers gather on the pier in front of the ship's bow at the Naval Supply Center Oakland for a "Welcome home" awards ceremony for the USNS Mercy's crew. (Navy Photo by JOC Mike McGougan)



USNS Mercy (T-AH-19) docked at a pier in San Francisco Bay. (Navy Photo by JOC Mike McGougan)



Oakland Mayor Lionel Wilson welcomes USNS Mercy (T-AH-19) and her crew to the City, and presents the key to the City of Oakland to RADM Donald Sturtz, who accepted the key on behalf of the ship's crew. (Navy Photo by AN Deborah Davis)



HM1 A. L. Frederick, X-ray Technician on the USNS Mercy is glad to be home following the four-and-a-half month Humanitarian and Training mission to the west and south Pacific. HM1 Frederick is a member of the ship's cadre crew. (Navy Photo by AN Deborah Davis)

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Club Corner

Officers' Club

August 19: "Broadway on Parade" show featuring singers and dancers performing Cabaret, Hello Dolly, Chorus Line and Annie. Showtime is 6 p.m. Cost is \$10 for adults and \$5 for children 12 and under.

Enlisted Club

August 14 and 28: At the Porthole, Lip Sync Contest. Beginning at 8 p.m. with the club's D.J.s. Prizes for the best performance—if you have the courage to get on stage and act like Boy George or Madonna, or your favorite musical entertainer. Come down and join the crowd for a lot of fun!



Yan can cook!

Martin Yan of television cooking fame on the instructional show, Yan Can Cook, demonstrates Chinese cooking during a recent appearance at the Northwest Region Officers' Club. After the demonstration, Yan presented certificates to his cooking school, two cookbooks and an apron. (Photo by AN Deborah Davis)

Oak Knoll tennis team triumphs

The 1987 Oak Knoll Tennis Team captured all divisional trophies in the 1987 Central Pacific Sports Conference (CPSC) Tennis Championships held at Naval Hospital, Oakland, June 15 to 20.

This is the first time in the history of the Central Pacific Sports Conference Tennis Championships that one command captured all four divisional championships in both men and women's categories.

The Oak Knoll team results were as follows:

Senior Champion: Captain R. Jothi; Junior Vet Champion: Captain H. Alexander; Open Champion: HM1 D. Taeza; Open Runnerup: HM2 C. Hospidales; Women's Division Champion: Commander Chalmers with Lieutenant S. Colligan Runnerup and Lieutenant Commander G. Gullikson Third Place.

Special Services Department congratulates all participants and especially the record-setting Oak Knoll racket squad.

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MASH bash: Command picnic fun for all

The annual Oak Knoll Complex Picnic, this year called the "MASH (Make A Sailor Happy) Bash," is scheduled for Saturday, Aug. 29 at the Northwest Region picnic area.

The MASH Bash will be preceded by a 5K run—the MASH Dash—at 9:30 a.m. The MASH Bash picnic will start at 11 a.m. and run until 5 p.m.

Admission to the picnic is free for active duty staff members of commands at Oak Knoll. Dependents will be \$1 each and civilians are \$2 each. Families will have an opportunity to partake of all the festivities for a special rate of \$3 for up to four persons.

Tickets are available from Special Services (Bldg. 38, 2nd Deck, Tickets and Tours Office) and from Recreation Committee members. Tickets also will be sold at the Naval Hospital, Oakland, on the 3rd floor, and may be obtained at the picnic.

The MASH Bash menu includes BBQ ribs, beef sticks, hamburgers, hot dogs, roast pig, baked beans, lumpia, pancit, macaroni and potato salads, watermelon and assorted pies. Soft drinks, beer and wine will be the beverages served.

The MASH Dash 5K run around the Oak Knoll Complex will kick off the planned events for the day. There is a pre-registration fee of \$5 for each runner, which provides every competitor with a MASH Dash T-shirt and number for the race. Entrants should contact one of the following to register: SHCS (SW) Bowden (6016), HM1 Anderson (5083), HM1 Kortese (6060) or OT3 Jordan (5346).

Other events during the picnic include "patient transfer" relays, a hypnotist and a caricaturist performing, watermelon eating contest, organized (and disorganized) softball and volleyball.

The scheduled children's activities include: pony rides, face painting, a petting zoo and a clown performing. The Security Department is also offering fingerpainting for children.

Musical entertainment will be provided by a disc jockey.

"Last year's picnic was a huge success," said Senior Chief Hospital Corpsman Dennis Kaufman, Recreation Committee Chairman. "We'll have our hands full matching it with this year's bash."

"But, the committee has been working overtime, and we've had tremendous help

Please see page 2



Northwest Region staff shines in Command inspection

The Naval Medical Command, Northwest Region Headquarters staff displayed military sharpness during a summer Command inspection conducted by Captain T. F. Levandowski on July 24. Captain A. M. Martinson, commanding officer of Naval Hospital, Oakland, also inspected the staff. Several awards were also presented at the inspection. (Photos by AN Deborah Davis)

For more photos and articles about awards presented at Commands throughout the Northwest Region, please turn to pages 4 and 5.



No excuses—prepare for exams

Another advancement cycle looms. How many times have you made excuses for not preparing properly for an advancement exam? How many times have you heard others complain about why they haven't advanced?

- It doesn't matter how hard I study, I still won't be advanced because they're only picking twelve this time.

- It doesn't matter how hard I study, my evals aren't high enough.

- Last time I studied for weeks, and I didn't get promoted.

- This guy on my last ship didn't study at all, and he maxed most of the categories.

- Yeah, well my rating's harder than yours.

No excuse is a good excuse for not preparing properly for an advancement exam. You aren't alone if the thought of taking the exam throws you into a fit of nervous frustration.

Although your job performance is very important, the advancement exam makes up a healthy chunk of your final multiple score.

Contrary to popular belief, there are no trick questions on advancement exams.

All questions are backed by the *Occupational Standards* and *The Bibliography for Advancement Study*. These two publications are available in the Advancement Handbook, a conveniently-sized booklet written for your rating.

Don't delay, get to ESO today to prepare for the next exam.

The September 1987 Navywide ex-

aminations for advancement in rating have been scheduled as follows:

Petty Officer Third Class: Thursday, September 10.

Petty Officer Second Class: Tuesday, September 15.

Petty Officer First Class: Thursday, September 17.

DATE REVISED

Military pay changed around

After the September 15, 1987 regular payday, military personnel will be paid on the first and fifteenth days of the month.

This change is mandated by Congress and affects all military personnel. Mid-month paydays are not affected by this change. The military services will still be authorized to advance paydays up to three days when the first day of the month falls on a weekend or holiday, except for October 1 paydays.

Personnel are encouraged to review their financial obligations, recognizing that in some months cash will not be

available on the 30th of the month. Personnel should also be aware that automatic withdrawal of pre-authorized payments (that is mortgage, insurance, etc.) from their financial institution accounts may be affected by this change. All allotment checks will be dated the same date as the end of the month payday check.

September through December 1987 paydays are as follows: Sept. 15, Oct. 1, Oct. 15, Oct. 30, Nov. 13, Dec. 1, Dec. 15 and Dec. 31.

News

Sun benefits tan, not your health

By Evelyn D. Harris

American Forces Information Service

Planning to catch some rays this weekend? Go ahead—but be careful.

More than 90 percent of the 450,000 new cases of skin cancer that will be diagnosed this year will develop in parts of the body directly exposed to the sun. Skin cancer is the most common form of cancer, and the number of cases increases every year.

Fortunately, most new cases are either squamous cell or basal cell cancer. These cancers are easy to treat if caught early, often with a simple outpatient procedure similar to having a wart removed. President Ronald Reagan's recent surgery for skin cancer on his nose is an example of this type of condition.

But a third kind of cancer, melanoma, is potentially fatal. About 22,000 new cases of melanoma are reported every year, resulting in as many as 5,500 deaths. The rate of melanoma cases is almost three times what it was 10 years ago. The disease is also affecting a

younger age group than before.

Perhaps the growing number of skin cancer cases does have something to do with the depletion of the ozone layer, as some scientists believe. But it could also be attributed to the fact that tanning has become fashionable in this century. Before, ladies took care to avoid so much as a freckle.

Fair-skinned people, particularly blonds and redheads, are at more risk for skin cancer than others. They lack sufficient melanin, a pigment substance that filters out the sun's rays. People who work outdoors and those who live in sunny latitudes are also more at risk. However, no one, no matter how dark their skin, is immune.

Since overexposure to the sun is the main cause of basal and squamous cell cancer and is believed to be the cause of melanoma, skin protection is important.

In addition to protection against cancer, career protection can be an incentive to respect the sun. Military members are subject to disciplinary action for

reporting to duty with an incapacitating sunburn. According to Army Lt. Col. (Dr.) George Winton, assistant chief dermatologist at Walter Reed Army Medical Center, Washington, D.C., some early research to develop modern sunscreens was sponsored by the military.

Here are some of Winton's tips for saving your skin:

- If you feel you must get a tan, do so gradually, giving yourself a little more exposure every day. This allows your skin to thicken, providing more protection.

- If possible, avoid, or limit yourself to 15 minutes exposure during the hours of 10 a.m. and 3 p.m. Ultraviolet rays are strongest during these hours.

- Use a sunscreen. Para-amino-benzoic-acid—PABA—is the most common effective ingredient in sunscreens, but a few people are allergic to it. Winton recommends sunscreens containing cinnamate if you're allergic to PABA. Both sunscreens are available in popular brands. Most of these products carry a number indicating the degree of protection they af-

ford. The higher the number, the more protection. Fair-skinned people and very young children should use No. 15. Lifeguards and others who are out in the strong sun a lot should use an opaque sunscreen on their noses and lips.

- Be extremely careful about using tanning salons. Winton said the American Academy of Dermatology recommends against using tanning salons at all. Researchers aren't yet sure, but they believe repeated use of the salons may also lead to skin cancer.

- Be careful, even if it's cloudy—ultraviolet rays can get through clouds.

- Certain drugs, such as tetracycline, can make your skin more susceptible to burns.

Finally, get to know your skin and your own pattern of moles, freckles and beauty marks. Once a month, after your shower, give yourself a onceover. If you spot any change in the size, color, texture or shape of your marks, see a doctor.

Safety secures summer recreation

By Doris C. Gross

Reprinted from *Wifeline*

Summer and summer vacation often means visits from friends and relatives. As you're preparing for younger visitors, you should keep in mind the many hazards around a house—inside and out—that are just waiting to be found by adventurous toddlers and youngsters.

Although it happened many years ago, my husband and I still remember an incident involving our 3-year-old daughter. It started when we heard the kind of scream that sends parents racing in the direction of the noise. When we got to our daughter, we saw that she had found a rat trap we had forgotten.

Such an incident could have been avoided had we thought about hazards from a child's point of view. Although you may feel ridiculous, a very effective way to spot dangers is to go through your house and yard at a toddler's level—on your hands and knees.

While crawling around, remember to look up too. You'll see many hazards you wouldn't notice from your adult viewpoint—handles sticking out from the stove, medicine and cleaning bottles within reach and easily opened, and many more things that could injure inquisitive youngsters.

Children are very fast; they can pick up and swallow something you might have dropped, like an open safety pin, before you can intercede.

Under a sink seems to be a favorite exploring area for children. There they can find colorful bottles and all sorts of new and different "toys." Most of what we keep under our sinks is potentially disastrous in the hands and mouths of children. For a temporary barrier, stretch cords and even rubber bands can do the trick. They are easy to remove for adults, and make it difficult for children to get into cabinets. Installation of child-proof latches should be considered for a more permanent barrier.

Coffee tables and low shelves are easily accessible to toddlers. Ashtrays and open cigarette packs provide lots of chewable items. And small fingers often can work a lighter. Although children are cautioned about playing with fire, they have never been known to be a mother's most attentive audience.

Kitchen, bathroom and living room hazards are year-round considerations when making your home safe for children. During summer months, don't forget hazards lurking in your yard or garage.

The small-sized pools which are such a blessing for children in hot, humid weather also can be their death. Supervi-

sion is needed to ensure that a child doesn't drown. Children can fall in very shallow water and be unable to extract themselves, either because of their position or because they panic. Care should be taken around lakes and streams also.

If you worked in the yard recently, check for garden tools with sharp points such as rakes and hoes. Put them away, and make sure you've put your hand tools

away also.

While you're in the garage, look around—again, preferably from a child's level—for dangers such as tools, nails, insecticides, baits and traps, and fertilizers. If you can't make these things inaccessible, make sure the garage is inaccessible.

Summer is the most enjoyable time of the year for many children. Make it a time for happy memories, not tragic accidents.

Water safety key to fun

This is the season for fun in the sun and in the water. However, enjoying the sun and water may be hazardous to your health. The Navy Safety Center cites the following incidents as examples of frequently encountered hazards:

An E-3 on liberty was sunbathing. The individual stayed in the sun three to four hours. Nine days later the E-3 reported to sick call with second degree burns and an infection on the lower part of the left leg. The individual lost four work days.

A boatswain's mate third class was swimming at a beach. The petty officer dove into the water off a pier and struck his elbow on the bottom, resulting in a severe bruise.

An interior communications electrician second class went swimming in a pond. The petty officer backed a pickup truck to the water's edge and lowered the tailgate. After several dives from the tailgate, the individual slipped and entered the shallow part of the pond, hitting his head

on the bottom. The petty officer crushed two vertebrae and is paralyzed from the neck down.

Diving accidents cause 500 spinal cord injuries each year, according to the Safety Center. Nearly all diving accidents—95 percent—occur in water six feet or less in depth. Nearly all victims have been diving in the same place before. The Navy Safety Center offers these tips:

- Always check to see if the water level has changed since your last dive.
- Plan the dive path before you actually dive.
- Always keep your hands in front of your head.
- When you enter the water, steer up immediately with hands and head up.
- Keep your hands outstretched, hands crossed and turned up.
- Keep your back arched.
- Never dive in unknown waters.
- Check for submerged or floating objects.

Norwester

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGowan
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfsen
AV: 317-692-4178
Branch Clinic Stockton
HMCS G.W. Chranka
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MASH Bash set

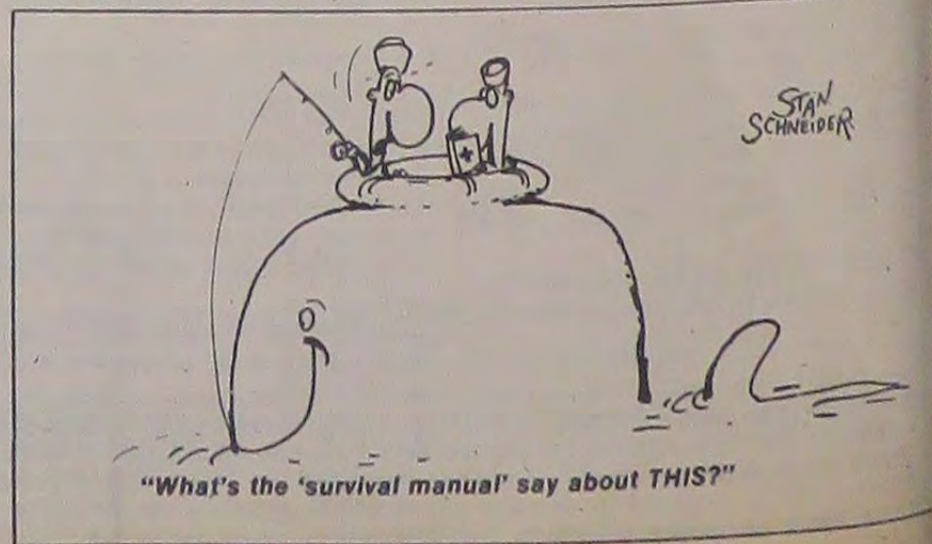
continued from page 1

and support from volunteers. I'm predicting that everyone attending this year's picnic will be talking about the good time they had all the way up to next year.

"The MASH theme was inspired by the use of tents at the picnic for housing events, lost and found and first aid services," HMCS Kaufman added.

"Considering the food and entertainment, we on the committee think this picnic is the best buy in town," the chairman continued. "We think everyone will agree after they attend this MASH Bash that it was one heckuva a bargain for food and fun under the summer sun."

For more information, call Special Services at extension 6015.



Our Constitution:

Federalist 57: Congress as an oligarchy?

In the continuing celebration of the 200th Anniversary of our Constitution, the Norwester is reprinting selections from The Federalist Papers by James Madison and Alexander Hamilton. These works comprise the foundation of our understanding of our Constitution. To this day, authorities as high as the Supreme Court refer to these papers to judge whether a new law is constitutional or not.

Federalist 57 is among a series of papers discussing the House of Representatives. By James Madison, the paper illustrates how a body of elected officials can effectively work in a republic. Answering the charge that this small body would merely be an elected oligarchy, Madison again illustrates his masterful knowledge not only of politics, but also of human nature.

During the balance of The Federalist series, we will sample works on the Senate, the Presidency and the Judiciary. These next three installments will give a rounded understanding of the mechanics of our Constitution. The series will end with a broad overview of The Federalist Papers and a look at the biography of the most articulate and ingenious writer of The Federalist Papers: James Madison.

If you have any questions or comments about our "Federalist" series, please contact: Jonathan Arnowitz, Editor, Norwester, Public Affairs Office, Naval Medical Command Northwest Region, Oakland, California 94627-5025. We are interested to hear how informative and entertaining this series has been—our efficacy, if you will.

The Federalist No. 57: MADISON
February 19, 1788

To the People of the State of New York,

The third charge against the House of Representatives is, that it will be taken from that class of citizens which will have least sympathy with the mass of the people, and be most likely to aim at an ambitious sacrifice of the many to the aggrandizement of the few.

Of all the objections which have been framed against the Federal Constitution, this is perhaps the most extraordinary. Whilst the objection itself is levelled against a pretended oligarchy, the principle of it strikes at the very root of republican government.

The aim of every political Constitution is or ought to be first to obtain for rulers, men who possess most wisdom to discern, and most virtue to pursue the common good of the society; and in the next place, to take the most effectual precautions for keeping them virtuous, whilst they continue to hold their public trust. The elective mode of obtaining rulers is the characteristic policy of republican government. The means relied on in this form of government for preventing their degeneracy are numerous and various. The most effectual one is such a limitation of the term of appointments, as will maintain a proper responsibility to the people.

Let me now ask what circumstance there is in the Constitution of the House of Representatives, that violates the principles of republican government; or favors the elevation of the few on the ruins of the many? Let me ask whether every circumstance is not, on the contrary, strictly conformable to these principles; and scrupulously impartial to the rights and pretensions of every class and description of citizens?

Who are to be the electors of the Federal Representatives? Not the rich more than the poor; not the learned more than the ignorant; not the haughty heirs of distinguished names, more than the humble sons of obscure and unpropitious fortune. The electors are to be the great body of the people of the United States. They are to be the same who exercise the right in every State of electing the correspondent branch of the legislature of the State.

Who are to be the objects of popular choice? Every citizen whose merit may recommend him to the esteem and confidence of his country. No qualification of wealth, of birth, of religious faith, or of civil profession, is permitted to fetter the judgment or disappoint the inclination of the people.

If we consider the situation of the men on whom the free suffrages of their fellow citizens may confer the representative trust, we shall find it involving every security which can be devised or desired for their fidelity to their constituents.

In the first place, as they will have been distinguished by the preference of their fellow citizens, we are to presume, that in general, they will be somewhat distinguished also, by those qualities which entitle them to it, and which promise a sincere and scrupulous regard to the nature of their engagements.

In the second place, they will enter into the public service under circumstances which cannot fail to produce a temporary affection at least to their constituents. There is in every breast a sensibility to marks of honor, of favor, of esteem, and of confidence, which, apart from all considerations of interest, is some pledge for grateful and benevolent returns. Ingratitude is a common topic of declamation against human nature; and it must be confessed, that instances of it are but too frequent and flagrant both in public and in private life. But the universal and extreme indignation which it inspires, is itself a proof of the energy and prevalence of the contrary sentiment.

In the third place, these ties which bind the representative to his constituents are strengthened by motives of a more selfish nature. His pride and vanity attach him to a form of government which favors his pretensions, and gives him a share in its honors and distinctions. Whatever hopes or projects might be entertained by a few aspiring characters, it must generally happen that a great proportion of the men deriving their advancement from their influence with the people, would have more to hope from a preservation of the favor, than from innovations in the government subversive of the authority of the people.

All these securities however would be found very insufficient without the restraint of frequent elections. Hence, in the fourth place, the House of Representatives is so constituted as to support in the members an habitual recollection of their dependence on the people. Before the sentiments impressed on their minds by the mode of their elevation, can be effaced by the exercise of power, they will be compelled to anticipate the moment when their power is to cease, and when they exercise of it is to be reviewed, and when they must descend to the level from which they were raised; there for ever to remain, unless a faithful discharge of their trust shall have established their title to a renewal of it.

I will add as a fifth circumstance in the situation of the House of Representatives, restraining them from oppressive measures, that they can make no law which will not have its full operation on themselves and their friends, as well as on the great mass of the society. This has always been deemed one of the strongest bonds by which human policy can connect the rulers and the people together. It creates between them that communion of interests and sympathy of sentiments of which few governments have furnished examples; but without which every government degenerates into tyranny. If it be asked what is to restrain the House of Representatives from making legal discriminations in favor of themselves and a particular class of the society? I answer, the genius of the whole system,

the nature of just and constitutional laws, and above all the vigilant and manly spirit which actuates the people of America, a spirit which nourishes freedom, and in return is nourished by it.

If this spirit shall ever be so far debased as to tolerate a law not obligatory on the Legislature as well as on the people, the people will be prepared to tolerate anything but liberty.

Such will be the relation between the House of Representatives and their constituents. Duty, gratitude, interest, ambition itself, are the chords by which they will be bound to fidelity and sympathy with the great mass of the people. It is possible that these many all be insufficient to controul the caprice and wickedness of man. But are they not all that government will admit, and that human prudence can devise? Are they not the genuine and the characteristic means by which Republican Government provides for the liberty and happiness of the people? Are they not the identical means on which every State Government in the Union, relies for the attainment of these important ends? What then are we to understand by the objection which this paper has combated? What are we to say to the men who profess the most flaming zeal for Republican Government, yet boldly impeach the fundamental principle of it; who pretend to be champions for the right and the capacity of the people to choose their own rulers, yet maintain that they will prefer those only who will immediately and infallibly betray the trust committed to them?

Were the objection to be read by one who had not seen the mode prescribed by the Constitution for the choice of representatives, he could suppose nothing less than that some unreasonable qualification of property was annexed to the right of suffrage; or that the right of eligibility was limited to persons of particular families or fortunes; or at least that the mode prescribed by the State Constitutions was in some respect or other very grossly departed from. We have seen how far such a supposition would err as to the two first points. Nor would it in fact be less erroneous as to the last. The only difference discoverable between the two cases, is, that each representative of the United States will be elected by five or six thousand citizens; whilst in the individual States the election of a representative is left to about as many hundred. Will it be pretended that this difference is sufficient to justify an attachment to the State Governments and an abhorrence to the Federal Government? If this be the point on which the objection turns, it deserves to be examined.

Is it supported by reason? This cannot be said, without maintaining that five or six thousand citizens are less capable of choosing a fit representative, or more liable to be corrupted by an unfit one, than five or six hundred. Reason, on the contrary assures us, that as in so great a number, a fit representative would be most likely to be found, so the choice would be less likely to be diverted from him, by the intrigues of the ambitious, or the bribes of the rich.

Is the consequence from this doctrine admissible? If we say that five or six hundred citizens are as many as can jointly exercise their right of suffrage, must we not deprive the people of the immediate choice of their public servants in every instance where the administration of the government does not require as many of them as will amount to one for that number of citizens?

Is the doctrine warranted by facts? It was shown in the last paper, that the real representation in the British House of Commons very little exceeds the proportion of one for every

thirty thousand inhabitants. Besides a variety of powerful causes, not existing here, and which favor in that country, the pretensions of rank and wealth, no person is eligible as a representative of a county, unless he possess real estate of the clear value of six hundred pounds sterling per year; nor of a city or borough, unless he possess a like estate of half that annual value. To this qualification on the part of the county representatives, is added another on the part of the county electors, which restrains the right of suffrage to persons having freehold estate of the annual value of more than twenty pounds sterling according to the present rate of money. Notwithstanding these unfavorable circumstances, and notwithstanding some very unequal laws in the British code, it cannot be said that the representatives of the nation have elevated the few on the ruins of the many.

But we need not resort to foreign experience on this subject. Our own is explicit and decisive. The districts in New-Hampshire in which the Senators are chosen immediately by the people are nearly as large as will be necessary for her representatives in the Congress. Those of Massachusetts are larger, than will be necessary for that purpose. And those of New-York still more so. In the last State the members of Assembly, for the cities and counties of New-York and Albany, are elected by very nearly as many voters, as will be entitled to a representative in the Congress, calculating on the number of sixty-five representatives only. It makes no difference that in these senatorial districts and counties, a number of representatives are voted for by each elector at the same time. If the same electors, at the same time are capable of choosing four or five representatives, they cannot be incapable of choosing one. Pennsylvania is an additional example. Some of her counties which elect her State representatives, are almost as large as her districts will be by which her Federal Representatives will be elected. The city of Philadelphia is supposed to contain between fifty and sixty thousand souls. It will therefore form nearly two districts for the choice of Federal Representatives. It forms however but one county, in which every elector votes for each of its representatives in the State Legislature. And what may appear to be still more directly to our purpose, the whole city actually elects a single member for the executive council. This is the case in all the other counties of the State.

Are not these facts the most satisfactory proofs of the fallacy which has been employed against the branch of the Federal Government under consideration? Has it appeared on trial that the Senators of New-Hampshire, Massachusetts, and New-York; or the Executive Council of Pennsylvania; or the members of the Assembly in the two last States, have betrayed any peculiar disposition to sacrifice the many to the few; or are in any respect less worthy of their places than the representatives and magistrates appointed in other States, by very small divisions of the people?

But there are cases of a stronger complexion than any which I have yet quoted. One branch of the Legislature of Connecticut is so constituted that each member of it is elected by the whole State. So is the Governor of that State, of Massachusetts, and of this State, and the President of New-Hampshire. I leave every man to decide whether the result of any of these experiments can be said to countenance a suspicion that a diffusive mode of choosing representatives of the people tends to elevate traitors, and to undermine the public liberty.

PUBLIUS.

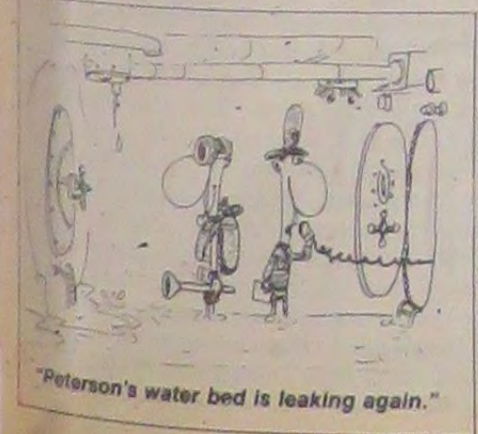
Quote of the Week

"To try and fail is at least to learn. To fail to try is to suffer the inestimable loss of what might have been."

—Chester Barnard.

"Liberty means responsibility. That is why most men dread it."

—George Bernard Shaw



Command Inspection Special



Medals bestowed at Command inspection

Commander Barbara Cayere (right, in photo at left, Nurse Corps, is congratulated by Captain A. M. Martinson, Commanding Officer, Naval Hospital, Oakland after presentation of a Navy Commendation Medal during Northwest Region command inspection July 24. Cmdr. Cayere was commended for her meritorious service as Transition Officer and Executive Officer of the newly established Naval Medical Clinic, San Francisco, from March 1986 to January 1987. Captain T. F. Levandowski, Commander, Naval Medical Command, Northwest Region, pins a Navy Commendation Medal on Master

Chief Hospital Corpsman Robert Bowman (right in photo above) during the command inspection. HMCM Bowman was commended for his meritorious service while serving as Medical Logistics Technician, Central Supply Section, Engineer/Materiel Transport/General Supply Branch, Materiel Division, Installations and Logistics Department, Headquarters, U.S. Marine Corps, Washington, D.C., from February 1980 through July 1986. (Photos by AN Deborah Davis)

Promotions reward growth NWREG frocks sailors



Captain T. F. Levandowski, Commander, Naval Medical Command, Northwest Region, congratulates Hospital Corpsman Third Class Veronica Maff during frocking ceremony. Also frocked were Legalman First Class Mark Barker (left) and Ship's Serviceman Third Class Charmaine Bond (far right). (Photo by AN Deborah Davis)



Red Cross helpers honored

Captain William McDaniel is flanked by 20-year American Red Cross volunteers Marian Merrill (left) and Betty Hobbs (right). The two volunteers were awarded a certificate of appreciation for their 20 years of Red Cross volunteer service. Merrill started her Red Cross service in Japan, working in a pediatric clinic. She also instructed Japanese wives of U.S. servicemen on transition to U.S. society. Merrill has been at Naval Hospital, Oak Harbor, for the past 15 years. She has worked in the OB/GYN clinic and elsewhere in various hospital clinics. Merrill said, "It really doesn't seem like 20 years. There have been many changes and new things developed. I have enjoyed every minute of it." Hobbs has logged over 30,000 hours of volunteer service during the past 20 years. She holds a certificate in advanced first aid, emergency assistance and disaster planning. She has been responsible for the recruiting and training of more than 150 other Red Cross volunteers in more than 26 positions. She currently works in the patient record department. "The most important thing for a volunteer is the fun. I can honestly say I have gained much more than I have given," Hobbs said.

Awards Feature



Captain C. G. Strom (left), Chief of Staff for Commander, Naval Medical Command, Northwest Region, presents Letters of Appreciation to Jeanine Clark (center) of the Occupational Safety Department and Mark Wood, Safety Officer during recent command awards ceremony. (Photo by AN Deborah Davis)



NAVHOSP Lemoore awards

Frocked to present rate June 24, are (left to right) HM1 Tenorio, HM2 Weigel, HM2 Parks and HM2 Montegue.

Items from NAVHOSP Oak Harbor

Naval Hospital, Oak Harbor welcomes aboard Lieutenant Patrick Kelly as the new head of the Fiscal/Supply Department. Kelly came from Subic Bay, Philippines, where he was attached to the Naval Dental Clinic for 21 months. He is accompanied by wife Nancy and son Michael. Lt. Kelly holds a Bachelor of Arts degree and a Masters Degree in Public Health. He enjoys softball, golf, basketball, and time with his family.

Another welcome aboard goes to Hospital Corpsman Mike Minturn, a new addition to the Operating Room staff. Minturn's last duty station was MCAS Iwakuni, Japan where

he was the Sailor of the Quarter. Minturn lives in Anacortes with wife Lori and daughter Erin. His interests include biking, camping, fishing, hiking, and 35mm photography.

Naval Hospital, Oak Harbor welcomes aboard several individuals, they are: Chief Hospital Corpsman Terry Gloyd who is assigned to the Emergency Department. Gloyd is fresh from a 29-month tour aboard the USS Memphis (SSN 691).

Ensign Harold Merian joins the nursing staff after graduating from Officer Indoctrination School in Newport, Rhode Island. Merian, with over five years of Naval service, earned his Bachelor of Science Degree in Nursing while enlisted as a Hospital Corpsman. He plans to obtain a Masters Degree in Nursing and would eventually like to teach at Hospital Corps School. Some of Merian's interests include body surfing, theatre, jazz and vocal ensemble.

Hospital Corpsman John Reagan joins Naval Hospital after a five year tour at Naval Hospital, Guam. Reagan is assigned to the Environmental Health Department. Reagan is accompanied by wife Deborah and children John, Benjamin and Nicholas. HM1 Reagan holds two Good Conduct medals, two Navy Achievement medals and a Sea Service Expeditionary medal. He enjoys playing racquetball.

Mrs. Marie Richmond is the new Hospital Health Benefits Advisor. She has a Bachelor of Arts degree in Education and has done graduate work at Western Washington University. Mrs. Richmond has performed over 2,000 hours of Navy Relief work. She has also worked in data processing and at PSD. She enjoys reading and sewing in her spare time.

Hospital Corpsman First Class James Yonally is assigned to the NAVAIRE Medical Department. He has over 9½ years of service. Yonally has a degree in computer programming and has been a Grade 1 Emergency Medical Technician since 1983. He plans to attend advanced HM "C" school. HM1 Yonally enjoys microcomputers, hunting and fishing.

Awards around the GEOCOM

Meritorious Service Medal
NAVDENCLIN
BREMERTON
LT CMDR David McGarvey

Navy Commendation Medal
NAVMEDCOM NWREG
CMDR Barbara Cayere
HMCM Robert Bowman
NAVHOSP LEMOORE
CAPT James Gentry

Navy Achievement Medal
NAVHOSP OAK HARBOR
HM1 Donald Barry
HM2 Ronald Seaman (2)
NAVHOSP BREMERTON
HMC Armin Eibert
HN Robert Lemons

Letters of Commendation
NAVMEDCOM NWREG
MA1 Stephen Klockner
HN Bennie Crawford
NAVHOSP OAK HARBOR
HM2 Cheryl Renick
NAVHOSP BREMERTON
HM1 Reynaldo Santiago
NAVHOSP LEMOORE
CMDR Stephen Miller

Navy Relief Volunteers
Letters of Commendation
NAVHOSP BREMERTON
LT CMDR Lynn Day
HMC Eustaquio Ilano
HMC Loren Loftus
HMC John McQuade
HMC Jerry Monasmith
HM1 Clyde Burgess
HM1 Kenneth Smith

HM1 Gregory Kemelek
HM2 Steven Boone
HM2 Charlene Foster
HM2 Roy Salas
HM2 Joseph Schneider
SH3 Scott O'Brien
HM3 Jose Salas
HM3 Brian Singleton
HM3 Leah Robison
HM3 Frederick Walkley
HM3 Christopher Clemente
HM3 Troy Evans
HM3 Craig Roberts
HM3 Brett Williams

Frockings
To HM1
NAVHOSP LEMOORE
Roland Tenorio
NAVHOSP OAK HARBOR
Hugh Buehler
Romualdo Cabal

To HM2
NAVMEDCOM NWREG
Adam Carpenter
NAVHOSP BREMERTON
Scott McCauslin
NAVHOSP LEMOORE
John Weigel
Timothy Parks
Steven Montegue
NAVHOSP OAK HARBOR
David Healy
Richard Coble
Dannette Longnecker
AMS2 Sean Carney

To HM3
NAVMEDCOM NWREG
Veronica Maff

NAVHOSP BREMERTON
Lisa Bush
Todd Cunlisk
Shellie Edling
Troy Evans
Pascal Blatt
Philip Hannifin
Charles Kimzey
Bryan Sherwood
Lisa Stensgard

Christopher Thomson
James Utter
Jeffrey Weddle
Brett Williams
Mark Williams
Leonard Wood
Timothy Bartenslager
Kipson Callaway
Christopher Clemente
Eric Ewing
Michael Gorman
Peggy Hale
James Nettleton
Ronnie Nicholson
Carmen Pinto
Craig Roberts
Laura Sweet
Robin Tracy
NAVHOSP LEMOORE
Pamela Hodgdon (promoted)
David Volk
NAVHOSP OAK HARBOR
Jeffery Despain
Richard Crawford III

Letters of Appreciation
NAVMEDCOM NWREG
LT Scott Robinson
ENS Anthony Cardinale
ENS Velda Holthus
MAC T.E. Johnson

MS1 Jose Canto
LN1 Kenneth Roberts
HM2 Nathan Cohen
HM3 Phillip Soyering
HN Thomas Bobbs
HN Phillip Lim
HN Matthew Rizzetta
HA Alex Roos
HA Kent Stiles
Jeanine Clark

HA W. Tepratui
Ben Nelson
Rick Suerth
Mark Wood
Penny Becchio
Christine Lessler
NAVHOSP
OAK HARBOR
HM1 Donald Barry
HM3 Timothy Hidde
HN Michael Perez
Raymond Greene
NAVHOSP LEMOORE
LT CMDR G Rodriguez
LT Thomas Huffman
LT Uwe Canting
HMC John Lancaster
HM1 Roland Tenorio
HM2 Steven Montegue
HM2 Mary Rojas
HM2 John Weigel
HM3 Harry Rodavich
HN Alvin Rinon
HN Robert Becerra
Linda Mello
Good Conduct Awards
NAVMEDCOM NWREG
HMC Billy Dean
HM2 Richard Achuff
HM2 Olen Kitchens

NAVHOSP LEMOORE
HM1 Roland Tenorio
HM1 Nancy Beamish
HM2 Richard Perez
HM2 Clarise Prichard
HM2 Steven Lawrence
HM2 John Weigel

NAVHOSP BREMERTON
HMC Terrence Brown
HM3 Steven Sena
HM3 Mark McGavock
HM3 Lee Sandstede
HN Kenneth Lytle

National Registry
Emergency Medical
Technician-Ambulance
NAVHOSP BREMERTON
HMC Terry Roberts

HM3 Richard Zimmerman
HN Octavio Delagarza
HN Donald Healy
HN Ken Jones

Length of Service
NAVMEDCOM NWREG
Jerry Lewis

Jango Certificates
NAVHOSP BREMERTON
Arthur Baux
Rebecca Cain
Maria Calfy
Amy Howsden
Cynthia Manalo
Wendy Monroe
Brandon Terryl
David Wheeler
Diana Whiting
Debra Williams

Club Corner

Officers' Club

August 19: "Broadway on Parade" show featuring singers and dancers performing Cabaret, Hello Dolly, Chorus Line and Annie. Showtime is 6 p.m. Cost is \$10 for adults and \$5 for children 12 and under.

Enlisted Club

August 14 and 28: At the Porthole, Lip Sync Contest. Beginning at 8 p.m. with the club's D.J.s. Prizes for the best performance—if you have the courage to get on stage and act like Boy George or Madonna, or your favorite musical entertainer. Come down and join the crowd for a lot of fun!



The Northwest Region Enlisted Club recently was the scene of an authentic Hawaiian luau. The crew of luau guests at the club were not only treated to a delicious assortment of some of the islands' favorite tropical food, but also genuine entertainment performed by a group of Hawaiian dancers and musicians shown in the photo above. (Photo by JOC M.D. McGougan)

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9	10	11	12	13	14	15	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28	29	30	31		
30	31												

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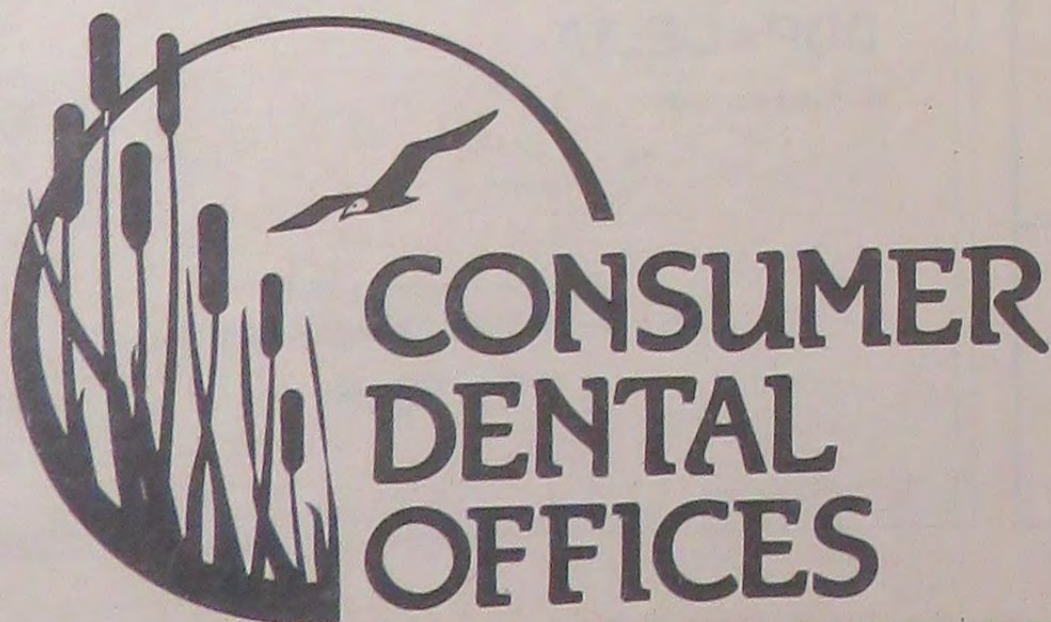
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Norwester

MSC celebrates 40 years of service



Captain T. F. Levandowski (left), Commander, Naval Medical Command, Northwest Region, Rear Admiral P. D. Smith (center), Commander, Patrol Wings, U.S. Pacific Fleet, and Ensign D. E. McKeag of NAVMEDCOM Northwest Region, join together for the traditional cake-cutting ceremony at the 40th Birthday celebration of the Medical Service Corps.

Story and photos by JOC M.D. McGougan

The Navy Medical Service Corps' 40th birthday was celebrated on the evening of August 8 with a gala ball held at the Naval Medical Command, Northwest Region Officers' Club in Oakland.

Captain T. F. Levandowski, Commander, Naval Medical Command, Northwest Region, joined by his wife Mary, greeted Medical Service Corps officers and guests during a reception/social hour that inaugurated festivities at the ball.

Rear Admiral P. D. Smith, Commander, Patrol Wings, U.S. Pacific Fleet, attended as guest of honor and featured speaker. He was accompanied by his wife Mary.

After the opening ceremony and dinner, Rear Adm. Smith expressed in his remarks admiration and respect for the Medical Service Corps. He lauded the role its members play in managing health care to the other Navy communities.

Rear Adm. Smith noted that members of the aviation and other Navy communities generally come in contact with the Medical Service Corps only when they aren't feeling well and perhaps in a "grumbling mood."

The admiral also emphasized that the Navy medical community's response is always with a positive attitude and willingness to help in any way possible—a service that is deeply appreciated.

Rear Adm. Smith said that on the Medical Service Corps' 40th anniversary its members could take pride in the knowledge that "you have turned the corner in striving to meet the challenges of ensuring quality health care for all our Navy communities."

Rear Adm. Smith and Capt. Levandowski joined Naval aviation and medical forces to lead the traditional birthday cake-cutting ceremony. The evening events were capped with dancing to the music of the Navy Band San Francisco.

Captain Levandowski reflects on 40 years of accomplishments

A 39-year veteran of Navy service, Capt. T.F. Levandowski, Commander, Naval Medical Command, Northwest Region has experienced a career that closely parallels as well as is intertwined with the 40 years of accomplishments earned by the Medical Service Corps.

Please see page 5

Collins, Chipman named NWREG Sailors of Quarter



HM2 Robert L. Collins.

Hospital Corpsman Second Class Robert Collins and Hospitalman Joseph Chipman were named the Sailors of the Quarter for the Naval Medical Command, Northwest Region Staff.

HM2 Robert Collins, of the Biomedical

Equipment Repair Division, was honored as the Senior Sailor of the Quarter. HM2 Collins was lauded for both his maturity and responsibility.

While in Biomedical Equipment Repair, HM2 Collins directed a project to refurbish the loading docks and ramps for the division's building.

He also received a Letter of Appreciation for installing an x-ray system for the Basic X-Ray School that saved over \$7,000. HM2 Collins is also the X-Ray Acceptance Inspection Petty Officer, responsible for inspecting x-ray equipment. It is estimated that his inspections have saved the Northwest Region about \$1,500 per inspection.

HM2 Collins' abilities are so exceptional that the Southwest Region has asked him to help conduct acceptance inspections for San Diego's new Naval Hospital.



HN Joseph A. Chipman.

Junior Sailor of the Quarter

Hospitalman Joseph Chipman, assigned to Contingency Operations, was nam-

ed the Region's Junior Sailor of the Quarter.

HN Chipman's computer expertise allowed him to master several programs in a very short time.

Also of major significance was his work with personnel files for the USNS Mercy and Deployed Medical Systems personnel, by constantly updating Region medical and non-medical personnel files.

"Hospitalman Chipman has performed in a superior fashion. He has and continues to excel in every endeavor," stated Lieutenant Junior Grade Karl Johnson, his supervisor.

New pharmacy computers installed

New computer software designed to improve efficiency, speed services, and keep costs down will be instituted in most San Francisco Bay Area military pharmacies. This new computer software will be installed between September 26 and 27.

During this software change over, these pharmacies can fill only prescriptions originating from within the medical facility from 4:30 p.m. Friday, September 25 until 12 noon, Monday, September 28.

These pharmacies will not be able to process any prescription refills, either brought or telephoned in, during this time. Patients are urged to have all refills prepared before September 24.

The following pharmacies are affected: Naval Hospital, Oakland; Naval Hospital, Lemoore; Letterman Army Medical Center; David Grant Air Force Medical Center; and Naval Medical Clinics at Alameda, Concord, Mare Island, Moffett Field, and Treasure Island.

Command picnic serves food, fun

The Naval Medical Command, Northwest Region hopes to see all staff and members of other commands at headquarters at the Make A Sailor Happy (MASH) Bash, tomorrow, August 29, starting at 11 a.m.

There will be an abundance of food and refreshments, not to mention activities and fun.

The menu will feature a roast pig,

barbequed chicken and ribs, hamburgers and hot dogs, as well as salads, desserts and soft drinks. There will also be a nice ethnic flavor with nachos, salsa, lumpia, pancit, and other flavors from other cultures.

The cost is very nominal. Active Duty members are free. Dependents are \$1. Civilians are \$2 and additional tickets are \$1. A family of four is only \$3.

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News

CO's COMMENTARY

Change allows growth

By Captain T.F. Levandowski

There come times in all people's lives when they realize that in some manner or other, life cannot go on the way it has. A point is reached where they must say, "something must change." This change is for the better, to remove something outmoded and replace it with something that addresses new needs and demands.

Often when things change, people are so preoccupied with what they have lost, that they forget to celebrate the coming of something new, and the opportunities that go with it.

Change is a natural adjunct to growth. A motto I live by is "When you're through improving yourself, you're through!" The same can be said of our Medical Department. If we cease improving, we cease to be an effective health care system.

In 1982, the Navy Medical Department underwent a dramatic reorganization. The fruits of that change include a more effective organizational structure and Chain of Command. Administrative burdens that were not directly related to patient care were shouldered by the GEOCOMS to permit the health care providers to concentrate on direct patient care. The reorganization has also raised the Medical Department's contingency readiness higher than it has ever been in history. That translates into higher quality and better response in the event of a natural disaster or war.

That change has, however, exacted a toll on our families and retired person's access to medical care. These groups also fit into the readiness equation and we have begun to develop programs within our finite resources of people and money to provide these groups with more responsive quality medical care. These

changes are evident in the establishment of NAVCARE Clinics, Dependent Dental Insurance, and more civilian-contracted health care professionals working on the staffs at our CONUS hospitals and other facilities.

Certainly a change in our mission brings on changes in the way we do business. A mission change is not, however, the only catalyst for things being different from the way they used to be. A very tangible change at the Northwest Region compound is the Command Security Force. World conditions and acts of terrorism have caused us to take more care in checking who comes aboard. Terrorists can strike unexpectedly—usually at a weak point—without regard to civilians, children, religion or anything else. A little inconvenience at the gate is a price worth paying when you consider the safety of the lives of the people who come here.

Changes are also brought on by new constraints on resources, both in quantity and type. New rules on how we use our resources cause change. A perfect example, The "O" Club and EM Club will no longer be subsidized. The Navy says they must be self-supporting. If the clubs cannot support themselves they will close. Is that a change we are willing to live with? Here I want to make a point. Change does not always come without choice. In the instance of our clubs, we can save them through increased patronage, or start thinking of creative, innovative ways to use these facilities for the benefit of all. I can see opportunities in both directions.

Some change is inevitable. Some changes we can control. Let's not lose sight of the celebration that comes with something new, and the opportunities that go with it.

USNI holds essay contest

The Annapolis-based U.S. Naval Institute (USNI) announced the prize list for their annual Arleigh Burke Essay Contest. The first prize will be \$2,000, a gold medal and a life membership in the USNI, the 113 year-old association for naval professionals. Two honorable mention winners will also receive prizes. The first honorable mention winner will be awarded \$1,000 and a silver medal, and the second honorable mention winner will be awarded \$750 and a bronze medal.

The essays must be on a subject which furthers the Naval Institute mission,

"The advancement of professional, literary and scientific knowledge in the naval and maritime services, and the advancement of the knowledge of sea power." Anyone who wishes to enter may do so.

Entries must be original, unpublished essays. They must be typed, double-spaced, and should not exceed 4,000 words.

Entries should be mailed to Publisher (ABEC), U.S. Naval Institute, Annapolis, MD 21402, and must be received no later than Dec. 1, 1987.

Winning essays will be published in the USNI's monthly magazine, *Proceedings*, which is read by more than 100,000 members and subscribers each month. Essays that are not selected for prizes may be purchased and published in *Proceedings* in the future.

For more information, contact the Naval Institute at (301) 268-6110 extension 247, or send a self-addressed stamped envelope to ABEC Rules, Membership Department, Annapolis, MD 21402.

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USNI advances knowledge about the naval and maritime services through the publication of a monthly magazine, *Proceedings*, the annual *Naval Review*, and more than 300 books.



Captain T. F. Levandowski (center right), Commander, Naval Medical Command, Northwest Region, holds a "donor's brick"—that will be inscribed with NAVMEDCOM Northwest Region in recognition of contributions by the staff and wives of the Knowland Park/Oakland Zoo fund—as he shakes hands with Doctor Joel Parrott, zoo director. In center is Mrs. Levandowski, who presented Dr. Parrott with a check for more than \$1,300, proceeds from the bake sale/raffle sponsored by the NAVMEDCOM Northwest Region/Oak Knoll Wives to benefit the zoo fund. Watching the ceremony is a contingent from the Northwest Region and Smokey, the zoo's well-known performing elephant nodding his approval in the background.

Wives raise funds for zoo

by JOC Mike McGougan

A benefit raffle was held in conjunction with a bake sale on July 31 to aid the Knowland Park/Oakland Zoo. The event brought smiles to 21 lucky winners in the Northwest Region who were awarded an assortment of prizes.

The results of the bake sale and raffle also made zoo officials smile when they learned that the benefit raised over \$1,300 toward the current fund-raising drive.

The benefit bake sale/raffle was sponsored by the Naval Medical Command, Northwest Region/Oak Knoll Wives. Mary Levandowski, representing the wives, presented a check to zoo director Dr. Joel Parrott on August 5.

Joining Mrs. Levandowski for a ceremony at the zoo were her husband, Captain T. F. Levandowski, MSC, USN, Commander, Naval Medical Command, Northwest Region, and 15 military and civilian personnel from the region.

A keystone commemorating the contribution will be placed in the zoo's entrance walkway of donors. The keystone will be inscribed: "In tribute to Navy Medical Health Care Providers—Past, Present and Future," Commander, Naval Medical Command, Northwest Region, Oakland.

"The raffle and bake sale is a project in which everyone is a winner," said Capt. Levandowski. "The zoo certainly is a winner because the contribution will help the staff there carry on the fine program they've established. And, those individuals who participated in the project, whether they won a raffle prize or not, are all winners because they are helping perpetuate a special place in our community that may be enjoyed by people of all ages."

"The zoo is an invaluable community resource for all the love and caring it represents—both to the animals charged to its care and to the people of the entire East Bay who enjoy those animals," Capt. Levandowski continued. "We of the Naval Medical Command, Northwest

Region community appreciate and enjoy the zoo as super great neighbors."

The grand prize of the raffle, a signed and numbered lithograph, was won by Senior Chief Hospital Corpsman Roy Brooks of NAVMEDCOM N.W. Region Administration Department. A large teddy bear was awarded to Mrs. D. Patterson of the Navy Exchange.

The dessert-a-month prize was claimed by Don Watson of Piedmont. A five-record set of Bruce Springsteen went to Seaman Todd Martin of Treasure Island. Also, a one-year membership to the Knowland Park/Oakland Zoo was won by 9-year-old Andrea Gregory of San Leandro.

Other prizes were won by D. Williams, Naval Drug Screening Laboratory; Joanne Payne, Public Works Department; Lieutenant Commander Jim Ayers, NAVMEDCOM N.W. Region Comptroller Department; Bob Hilliard, NAVMEDCOM N.W. Region Comptroller Department; John McCole, Transportation Department; B.J. Bloodgood, Naval Hospital, Oakland; Hospital Corpsman First Class Lori Rucklos, NAVMEDCOM N.W. Region Supply Department; Val Vicerai, Hayward; Lieutenant Sue Iverson, Personnel Support Detachment, Oakland; Betty Crow; B.A. Hasely, USS Lang; John Marshall; Trudy Silva, NAVMEDCOM N.W. Region Plans and Operations Department; and Ms. Braun, Sea West Federal Credit Union.

Capt. Levandowski said the Northwest Region wives appreciated the following contributions that made the raffle successful: from the Navy Exchange, three pieces of luggage; a wall plaque from Karen Nelson Interiors of Alameda; and a complimentary one-year family membership and four T-shirts from the Knowland Park/Oakland Zoo.

Other contributions came from anonymous donors and admirers of the zoo.

Please see page 6

Norwester

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Commander... CAPT. T.F. Levandowski
Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGougan
Staff Photographer... AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolison
AV: 317-692-4178
Branch Clinic Stockton
HMCS G.W. Chraska
AV: 466-7445/6
Branch Clinic Alameda
HM3 Richard Demerest
(415) 869-4314

New dental plan for dependents explained

Q: What exactly is the plan?

A: The Active-Duty Dependents Dental Insurance Plan is a voluntary program of preventive services and basic dental care for the family members of active-duty members of the Uniformed Services. The care is received from civilian dentists and dental hygienists.

Q: Who's eligible for the care?

A: Family members (dependents) of active-duty members of all seven Uniformed Services (Navy, Army, Air Force, Marine Corps, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration). The family members must be living in the 50 states, the District of Columbia, Puerto Rico or the U.S. Virgin Islands.

The term "family members" generally includes: husbands and wives of active-duty service members; and unmarried children up to age 21 (21 and older if severely handicapped and the condition existed before the 21st birthday; and to age 23 if in school full-time).

Q: Who's NOT eligible?

A: The plan doesn't cover active-duty service members, only their families. It doesn't cover military retirees and their families, survivors of deceased active or retired military, former spouses of service members, active-duty members' families living overseas, nor the families of reserve members not on active duty. After the initial enrollment period, active-duty members with less than two years remaining of active duty service who are on a first-term enlistment are not eligible to enroll their dependents.

Q: How do I enroll?

A: For benefits beginning Aug. 1, the eligible dependents of active-duty members are automatically enrolled. If the active-duty member is serving an initial term, he or she must have at least two years remaining of active-duty service in order to be eligible to enroll in the plan. However, an exception to this rule is provided during the initial enrollment period from April 15 to June 30, 1987. Active-duty members serving first-term enlistments are enrolled during this initial enrollment period if they have at least six months remaining of active duty and their dependents live within the dental plan's jurisdiction.

NOTE: Children under age four can be enrolled, but you must request enrollment for them. A handicapped child over age 21 or a student up to age 23 may also be enrolled. Contact your service representative to request enrollment.

Q: How much will the dental plan cost?

A: If you have only one dependent (spouse or child), \$3.93 will be deducted each month from your basic pay. If you have two or more dependents, \$7.86 will be deducted monthly. This amount pays part of the total premium cost. The government pays most of the premium for you.

Your premium share is deducted from base pay in the month before its paid to the insurer. For example, the premium for benefits beginning on Aug. 1, will be deducted in July.

The plan pays the full allowable charges for covered diagnostic and preventive services that are provided by dentists who participate in the dental plan. For other covered services, you pay 20 percent of the cost to a participating dentist. You must pay all charges for services that aren't covered by the plan.

If you use a dentist who doesn't participate in the plan, he or she may charge more than the plan's allowable charges for providing services that are covered. These additional charges are your responsibility.

Also, dentists who don't participate in the plan often ask you to pay the full amount at the time they provide the services. You aren't reimbursed for this expense until your claim is paid by the insurer.

Q: What's covered under the plan?

A: The following preventive, diagnostic and minor emergency care (the dental plan pays full allowable charges):

- Routine oral exams (limited to twice in 12 months);
- Routine full-mouth dental X-rays (once in 36 months);
- Laboratory examinations needed for other covered services;
- Teeth cleaning and polishing (twice in 12 months);
- Fluoride treatment (twice in 12 months);
- Space maintainers;
- Minor emergency treatment for pain (as specified in the benefits brochure).

The following restorative services are covered (you pay 20 percent of the charges to participating dentists):

- Fillings;
- Stainless steel or plastic crowns for baby teeth;
- Repairs to dentures.

Q: What's NOT covered under the plan?

A: The following services are not covered:

- Any services not specifically listed as covered by the dental plan;
- Orthodontia (braces);
- Tooth extractions;
- Root canals;
- Experimental treatments;
- Dental services for cosmetic purposes;
- New dentures;
- Replacement of lost or stolen dentures;
- Procedures that haven't been approved by the American Dental Association;
- Correction of malformations present since birth;
- Services covered by Worker's Compensation;
- Porcelain or gold crowns;
- Ambulance service;
- Sealants;
- Dental services for any injury or disease caused by war;
- Hospital charges.

Q: When do benefits start?

A: Benefits begin under the dental plan on Aug. 1, 1987. Or (if you're not included in the initial enrollment period), they'll begin on the first day of the month follow-

ing the month in which you complete the enrollment form and give it to your service representative.

Q: Where can my family get care?

A: The Active-Duty Dependents Dental Insurance Plan pays only for covered procedures performed by licensed dentists or dental hygienists who are practicing within the scope of their licenses.

The dental plan has made agreements with many dentists so you'll get the best possible care at the lowest possible cost.

The agreement that the dentists in your area have with the dental plan means that they're "participating" in the plan, and have agreed to accept the dental plan's "allowable" charges for covered services, plus your cost-share, as their full fee for the care they provide you under the plan. They will also file the claim for you.

The list of participating dentists is available in the office of your nearest Health Benefits Advisor located at military hospitals or clinics. The list is updated every three months, and chances are excellent that there will be a participating dentist near you.

Q: How do I get a claim paid?

A: To get a dental claim paid, you (the patient) or your dentist must fill out the claim form provided by the insurer to dentists in your area. You may also obtain claim forms from the dental plan. Write to one of the two claims mailing addresses listed below.

Dental claims will be sent to one of the following addresses, depending on the state in which care was provided: Dental Plan of Michigan, 34505 W. 12-Mile Road, Farmington Hills, Mich. 48018-9085; or, to Dental Plan of Calif., 7667 Folsom Blvd., Sacramento, Calif. 95826. Special post office boxes will be established later by the dental plan for obtaining claims forms and sending in your claims. See the benefits brochure for specific instructions.

Send the claim in as soon as possible. The sooner the dental plan processor gets the claim, the sooner you or your dentist

will be paid. If there are no problems with your claim, the claims processor should send you a notice called an Explanation of Benefits (EOB) in about three weeks. The EOB shows what the dentist billed, your cost-share for the dental care, and how much the dental plan paid. If your dentist did not agree to bill the dental plan directly, you also get a check for the dental plan payment. If your claim can't be paid by the dental plan, the EOB gives the reasons for denying your claim.

Q: How can I appeal the insurer's decision on a claim?

A: If you disagree with certain decisions made by the dental insurer, you may appeal—that is, you may ask the dental plan to take another look at the claim. Details on your rights, including your right to appeal to CHAMPUS (the Civilian Health and Medical Program of the Uniformed Services), are provided in a benefits brochure you'll receive after you enroll.

Q: How can I get other questions answered?

A: Many of your questions will be answered in the benefits brochure you get after enrollment. Other information may be obtained from the following sources:

• **Benefit Questions:** Ask your service representative or Health Benefits Advisor, or write to the dental insurer at the address where you would send a claim for dental services you receive in your state or area.

• **Finding a Dentist:** Your service representative can give you information about enrollment and eligibility.

• **Dental Claims Information:** You can write to the dental plan insurer for your state or area. But remember, normal claims processing takes about three weeks.

Who is my service representative?

A: Service representative is the Health Benefits Advisor of the nearest Naval Hospital.



Ensign D. E. McKeag (left), Naval Medical Command, Northwest Region Morale, Welfare and Recreation Officer, passes pool paddle boards to King Estates Junior High School students. The students were invited to a swim outing at the Northwest Region pool during the summer as part of an ongoing Region-to-local schools community relations effort in which various command departments become involved with students in educational projects. (Photo by JOC M. D. McGougan)



Our Constitution:

Senate moderating our legislation

by Jonathan Aronowitz

The Senate and the House of Representatives make up Congress, one of the most powerful branches in our government. It is also the most complex, pluralistic, inconsistent, and slowest body in our government: exactly the way the Federalists wanted it. The Constitution schedules the elections of the Congress to ensure a country could not be swept away by momentary passions, trendy issues, and hysterical fears. For example, a complete turnover of the House and Senate takes almost 10 years. One half of the House of Representatives are chosen in a single election; however, in the Senate, only a third are elected at any single election. The Representatives of the House are more immediately answerable to the people. The Senate is a more removed and independent group.

The Senate is designed to act as the stabilizer, if not the cog, in the congressional machinery. Madison believed the Senators would be more prudent because of their experience, more deliberate because of their age, and slower because

they are in no hurry—unlike House members who have shorter terms. With less accountability to the people, they are less likely to vote with the trends and bandwagons and more likely to investigate a law to vote more on its merits than its popularity. The senate's track record is pretty good in this respect. With the exception of the Japanese interment and the Volstead Act, which enacted Prohibition, the Senate has reacted with the slow deliberation and moderation Madison and Hamilton expected.

The Senate stability is owed to the constancy of its membership. As stated above, no more than a third of its members were ever up for re-election at any one time. This means that the momentary passions and trends could never determine the make-up of the Senate, the way it could in the House.

For instance, during the tax revolt of the late seventies and early eighties, they gathered enough momentum in one election to elect many Senators and Representatives. But because the trend was just a momentary passion of the peo-

ple, in the next election they had no strength to win the necessary seats to gain control of the House or make significant gains in the Senate.

In a more recent example, during the AIDS crisis, those who were carried by an irrational fear of AIDS, may have succeeded in sending people to Congress who shared their fears; but, many more congressmen remain who would prefer a quieter, more reasoned approach. Even unreasonable demands that have gained increasing popularity, such as mandatory HIV testing, have stalled in the Senate.

Furthermore, the very tough trade bill of Rep. Richard Gephardt of Iowa is a very emotional issue. In the House the bill was quickly passed. It sits now in the Senate, whose members seem eager to tone down the protective tariffs in the bill. The Senate's moderating influence operates as James Madison envisioned in Federalist 62-65.

Another perspective of the Federalists' Senate was its now historical place as the centerpiece of what we now call "The Great Compromise"; the remedy to the

rift that kept the Constitution from passing. In the Constitutional Convention, what kept Hamilton against the new constitution was the makeup of the Congress: should each state have an equal say or should the voice be proportional according to population? The compromise had the House made up proportionally while the Senate had two members for each state regardless of the size of that state. Consequently, the Congress spoke for two majorities, the majority of the people (House) and the majority of the states (Senate). Their differing constituents often pits one against the other, a perfection of pluralism Madison and Hamilton both welcomed.

From the above modern examples, it is clear just how relevant The Federalist Papers are to our modern understanding of our Constitution. Unfortunately, time does not permit our printing Federalist 62 by John Jay. Its relevance today is obvious in that it explains the active role the Senate has in foreign policy—a debate very much in question during the Iran-Contra hearings.

Federalist 62: Senate calms emotions

To the People of the State of New York.

Having examined the constitution of the house of representatives, and answered such of the objections against it as seemed to merit notice, I enter next on the examination of the senate. The heads into which this member of the government may be considered, are I. the qualifications of senators. II. the equality of representation in the senate. III. the number of senators, and the term for which they are to be elected. IV. the powers vested in the senate.

I. The qualifications proposed for senators, as distinguished from those of representatives, consist in a more advanced age, and a longer period of citizenship. A senator must be thirty years of age at least; as a representative, must be twenty-five. And the former must have been a citizen nine years; as seven years are required for the latter. The propriety of these distinctions is explained by the nature of the senatorial trust; which requiring greater extent of information and stability of character, requires at the same time that the senator should have reached a period of life most likely to supply these advantages; and which participating immediately in transactions with foreign nations, ought to be exercised by none who are not thoroughly weaned from the prepossessions and habits incident of foreign birth and education. The term of nine years appears to be a prudent mediocrity between a total exclusion of adopted citizens, whose merit and talents may claim a share in the public confidence; and an indiscriminate and hasty admission of them, which might create a channel for foreign influence on the national councils.

II. The equality of representation in the senate is another point, which, being evidently the result of compromise between the opposite pretensions of the large and the small states, does not call for much discussion. If indeed it be right that among a people thoroughly incorporated into one nation, every district ought to have a proportional share in the government; and that among independent and sovereign states bound together by a simple league, the parties however unequal in size, ought to have an equal share in the common councils, it does not appear to be without some reason, that in a compound republic partaking both of the national and federal character, the government ought to be founded on a mixture of the principles of proportional and equal representation. But is it superfluous to try by the standards of theory, a part of the constitution which is allowed on all hands to be the result not of theory, but "of a spirit of amity, and that mutual deference and concession which the peculiarity of our political situation rendered indispensable." A common government with powers equal to its objects, is called for by the voice, and still more loudly by the political situation of America. A government

founded on principles more consonant to the wishes of the larger states, is not likely to be obtained from the smaller states. The only option then for the former lies between the proposed government and a government still more objectionable. Under this alternative the advice of prudence must be, to embrace the lesser evil; and instead of indulging a fruitless anticipation of the possible mischiefs which may ensue, to contemplate rather the advantageous consequences which may qualify the sacrifice.

Another advantage accruing from this ingredient in the constitution of the senate, is the additional impediment it must prove against improper acts of legislation. No law or resolution can now be passed without the concurrence first of a majority of the people, and then a majority of the states.

III. The number of senators and the duration of their appointment come next to be considered. In order to form an accurate judgment on both these points, it will be proper to enquire into the purposes which are to be answered by a senate; and in order to ascertain these it will be necessary to review the inconveniences which a republic must suffer from the want of such an institution.

First. It is a misfortune incident to republican government, though in a less degree than to other governments, that those who administer it, may forget their obligations to their constituents, and prove unfaithful to their important trust. In this point of view, a senate, as a second branch of the legislative assembly, distinct from, and dividing the power with, a first, must be in all cases a salutary check on the government. It doubles the security to the people, by requiring the concurrence of two distinct bodies in schemes of usurpation or perfidy, where the ambition or corruption of one, would otherwise be sufficient. This is a precaution founded on such clear principles, and now so well understood in the United States, that it would be more than superfluous to enlarge on it. I will barely remark that as the improbability of sinister combinations will be in proportion to the dissimilarity in the genius of the two bodies; it must be politic to distinguish them from each other by every circumstance which will consist with a due harmony in all proper measures, and with the genuine principles of republican government.

Secondly. The necessity of a senate is not less indicated by the propensity of all single and numerous assemblies, to yield to the impulse of sudden and violent passions, and to be seduced by factious leaders, into intemperate and pernicious resolutions. Examples on this subject might be cited without number; and from proceedings within the United States, as well as from the history of other nations. But a position that will not be contradicted need not

be proved. All that need be remarked is that a body which is to correct this infirmity ought itself to be free from it, and consequently ought to be less numerous. It ought moreover to possess great firmness, and consequently ought to hold its authority by a tenure of considerable duration.

Thirdly. Another defect to be supplied by a senate lies in a want of due acquaintance with the objects and principles of legislation. It is not possible that an assembly of men called for the most part from pursuits of a private nature, continued in appointment for a short time, and led by no permanent motive to devote the intervals of public occupation to a study of the laws, the affairs and the comprehensive interests of their country, should, if left wholly to themselves, escape a variety of important errors in the exercise of their legislative trust. It may be affirmed, on the best grounds, that no small share of the present embarrassments of America is to be charged on the blunders of our governments; and that these have proceeded from the heads rather than the hearts of most of the authors of them. What indeed are all the repealing, explaining and amending laws, which fill and disgrace our voluminous codes, but so many monuments of deficient wisdom; so many impeachments exhibited by each succeeding, against each preceding session; so many admonitions to the people of the value of those aids which may be expected from a well constituted senate?

A good government implies two things; first, fidelity to the object of government, which is the happiness of the people; secondly, a knowledge of the means by which that object can be best attained.

Fourthly. The mutability in the public councils, arising from a rapid succession of new members, however qualified they may be, points out in the strongest manner, the necessity of some stable institution in the government. Every new election in the states, is found to change one half of the representatives. From this change of men must proceed a change of opinions; and from a change of opinions, a change of measures. But a continual change even of good measures is inconsistent with every rule of prudence, and every prospect of success.

SAFETY

Vending machines can kill

In an attempt to retrieve money from a soft drink vending machine that failed to deliver, an Airman started rocking the machine, which tipped over and crushed him. The Airman was dead on arrival at the hospital.

Just a freak accident, you say? Wrong.

To trace the mischievous effects of a mutable government would fill a volume. I will hint a few only, each of which will be perceived to be a source of innumerable others.

In the first place it forfeits the respect and confidence of other nations, and all the advantages connected with national character. An individual who is observed to be inconstant in his plans, or perhaps to carry on his affairs without any plan at all, is marked at once by all prudent people as a speedy victim to his own unsteadiness and folly. Every nation consequently whose affairs betray a want of wisdom and stability, may calculate on every loss which can be sustained from the more systematic policy of its wiser neighbours. But the best instruction on this subject is unhappily conveyed to America by the example of her own situation. She finds that she is held in no respect by her friends; that she is the derision of her enemies; and that she is a prey to every nation which has an interest in speculating on her fluctuating councils and embarrassed affairs.

The internal effects of a mutable policy are still more calamitous. It poisons the blessings of liberty itself. It will be of little avail to the people that the laws are made by men of their own choice, if the laws be so voluminous that they cannot be read, or so incoherent that they cannot be understood; if they be repealed or revised before they are promulgated, or undergo such incessant changes that no man who knows what the law is to-day can guess what it will be to-morrow.

Another effect of public instability is the unreasonable advantage it gives to the sagacious, the enterprising and the moneyed few, over the industrious and uninformed mass of the people. This is a state of things in which it may be said with some truth that laws are made for the few not for the many.

But the most deplorable effect of all is that diminution of attachment and reverence which steals into the hearts of the people, towards a political system which betrays so many marks of informity, and disappoints so many of their flattering hopes. No government any more than an individual will long be respected, without being truly respectable, nor be truly respectable without possessing a certain portion of order and stability.

In the past two years, there have been six similar mishaps resulting in five serious injuries and one other death. Fully loaded soft drink machines are top-heavy, and it takes surprisingly little effort to tip one over.

Corps Birthday

MSC: "Service is our middle name"

continued from page 1

In the following interview with the *Norwester*, Capt. Levandowski reflects on 40 years of accomplishments by the Medical Service Corps.

NORWESTER: What has been the most significant achievement in the 40 years of the Navy Medical Service Corps?

CAPT. LEVANDOWSKI: The opportunity for MSC officers to assume just about any role in the medical department to which we are deemed qualified. For instance, the traditional role that Medical Service Corps officers never had a chance to serve in before. Now we can serve as Deputy Commander, Naval Medical Command; GEOCOM Commander; and Commanding Officer of the two most prestigious hospitals in the Navy: Bethesda and San Diego.

We can assume key leadership roles in medical/professional organizations and gain recognition for our accomplishments in civilian as well as military circles.

NORWESTER: How best does the Medical Service Corps serve the needs of the Navy and Navy medicine?

CAPT. LEVANDOWSKI: Wherever there is a medical department entity, there is the influence of the Medical Service Corps, whether it involves the Navy, Marine Corps, CHAMPUS, from DoD down through the system.

In the Navy Medical Department, there is an expanding role in many of the health care sciences and administrative areas. For example, at the Drug Screening Labs and for social workers.

NORWESTER: What are the greatest challenges for the Medical Service Corps in the Northwest Region?

CAPT. LEVANDOWSKI: The ability to be extremely innovative, flexible and to have a thorough appreciation for both the operating forces and the civilian health care industry.

If we keep all these things in mind, we will be much better prepared to meet all the short-term, mid-term and long-term challenges confronting the region, the Navy Medical Department and the Navy in general since they impact on all three.

We must be prepared to support the USNS Mercy in the Northwest Region, the battleship/surface action group in the San Francisco Bay Area and the carrier battle group in the Puget Sound area.

NORWESTER: How are those challenges going to be met?

CAPT. LEVANDOWSKI: By the free exchange of ideas between commands, through the Policy Council, Board of Visitors and leadership at the Northwest Region and Director of Navy Medicine.

We will endeavor to not re-invent the wheel. We have taken on board the Surgeon General's motto, our baseline philosophy: "We stand ready to assist." Charlie Golf One.

NORWESTER: What attributes best describe a medical Service Corps officer?

CAPT. LEVANDOWSKI: Professionalism and excellence through constant educational endeavors, more selective and demanding qualification procedures and the tradition, albeit relatively short, of a definite leadership role within the Medical Department in the Navy and Marine Corps.

NORWESTER: What has been the greatest advancement you've observed in the Medical Service Corps over the years?

CAPT. LEVANDOWSKI: The increased requirement for attaining a high educational level. There is also an increased requirement for both responsibility and responsiveness. There is a constant demand throughout the Medical Department for more Medical Service Corps officers. There just never seems to be enough to go around.

NORWESTER: What has been your greatest reward as a Medical Service Corps officer?



Rear Admiral P. D. Smith (left), Commander, Patrol Wings, U.S. Pacific Fleet, and Captain T. F. Levandowski (right), Commander, Naval Medical Command, Northwest Region, flanked by their wives, stand at the head table as ceremonies are about to begin at the Medical Service Corps' 40th Birthday Ball.

Corps officer?

CAPT. LEVANDOWSKI: The opportunity to progress and succeed based upon ability and initiative. Life begins at 40. The opportunity and vistas are unlimited. The Medical Service Corps should exhibit pride at what we have achieved in the past and the challenges for the future is and will be great. We should think "What can you do for me today; what will you be able to do for me tomorrow." The bottom line in the Medical Service is service; that's our middle name.



Guest of honor and featured speaker, Rear Admiral P. D. Smith, Commander, Patrol Wings, U.S. Pacific Fleet, delivers remarks at the Northwest Region's 40th Birthday Ball of the Medical Service Corps.

USS Wright Reunion

All Naval and Marine Corps personnel who served on board the two naval vessels named USS Wright during the years 1920 to 1970 are invited to attend a reunion in Philadelphia, Pa., September 17 to 20.

It is estimated that as many as 25,000 sailors and Marines served in these two vessels making this reunion potentially the largest ship reunion ever in U.S. history.

Families and friends will also be welcome at this gathering which coincides with the U.S. Constitution Bicentennial Celebration also being held in Philadelphia.

The name Wright is synonymous with U.S. Naval aviation and, of course, the Wright brothers and their invention. For further information, contact Roy Nielsen at (408) 374-3413.

Quote of the Week

I believe there are more instances of the abridgement of the freedom of the people by gradual and silent encroachments of those in power than by violent and sudden usurpation.

—James Madison

There is no pleasure in having nothing to do; the fun is in having lots to do and not doing it.

—John W. Raper

I would rather have men ask, after I am dead, why I have no monument than why I have one.

—Cato the Elder

Stulti timent fortunam, sapientes ferunt. (The stupid fear fortune, the wise endure it.)

—Proverb



Medical Service Corps officers, spouses, members of the other Navy medical corps and invited guests listen to the featured speaker at the 40th Birthday Ball of the Medical Service Corps, hosted by the Naval Medical Command, Northwest Region.



Senior Chief Ship's Serviceman R. C. Bowden (left), Assistant Director of Special Services for Naval Medical Command, Northwest Region watches the technique of Marine Corps Lance Corporal Don Frazer, the "Pinball Wizard." Frazer, who is stationed at the Naval Weapons Station, Concord, has earned the title by winning two consecutive pinball tournaments in contests held at the Northwest Region bowling alley. Frazer was awarded \$100 first prize for each of his victories while amassing a record total of 4,543,960 points. Runnerup with 2,374,300 points was Hospitalman Andrew Skaggs of the X-Ray Technician School. (Photo by AN Deborah Davis)

Zoo receives needed money

continued from page 2

"I would also like to offer a very special thanks to the Oak Knoll wives, a group of wives from the ranks of officers, enlisted men, and civil service employees who so generously gave of themselves, their time, their baked goods and, most of

all, their hearts and overall sponsorship that made this a most worthwhile and gratifying event for all involved," Capt. Levandowski added. "Their special concern for the zoo, community and Navy spirit adds to our 'family concept' in the Northwest Region."

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Why CDA? Because to belong to CDA a dentist must do more than get a dental education and a state license. CDA will admit only those dentists who pledge to meet the high standards of practice and ethics established by the Association — standards that significantly exceed those demanded by law.

CDA member-dentists commit to establish practices to meet your needs, the needs of the profession and the community.

All CDA dentists must also belong to the American Dental Association, which provides you a nationwide network of member dentists. That's especially important for military families.

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Saturday, August 1

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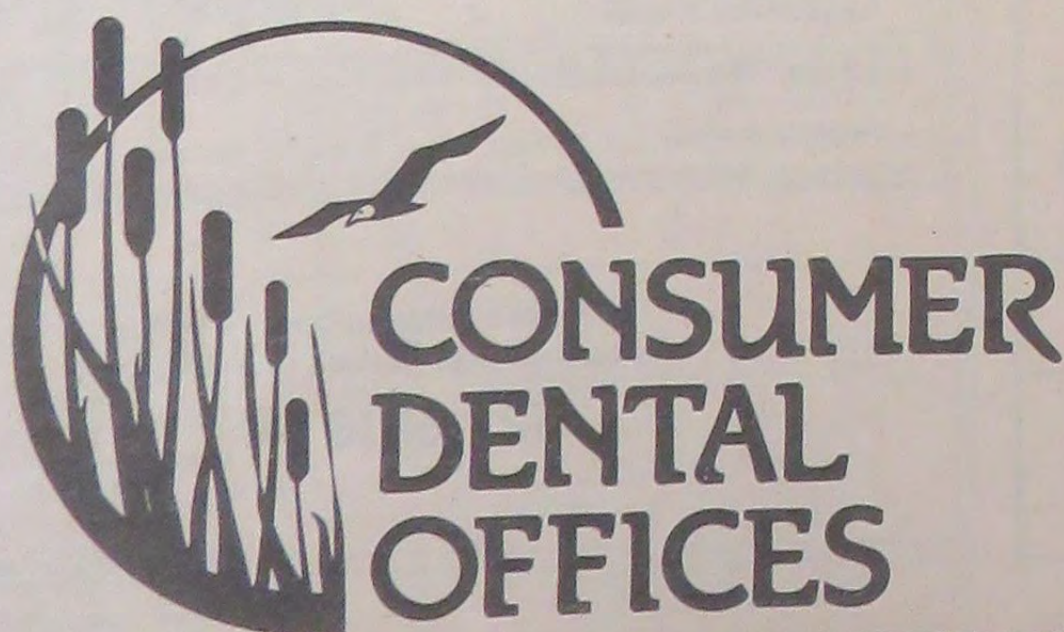
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Our Constitution's Birthday

Souvenir Constitution on pages 4 & 5

Volume 2, Number 16 September 11, 1987

A newspaper for the Naval Medical Command, Northwest Region

Norwester

Lt. Cmdr. Speece honored as Nurse of the Year

by Jonathan Arnowitz

Lieutenant Commander Daniel Speece, two years a charge nurse of the General Medicine ward, as well as charge nurse aboard the Navy Hospital Ship USNS Mercy, was named Naval Hospital, Oakland's Nurse of the Year. But duty aside, in even a brief interview with the *Norwester*, one thing becomes very obvious: Lt. Cmdr. Speece cares about people.

For his two years in charge of the ward located on the ninth floor, Lt. Cmdr. Speece's duties also included training corpsmen, supervising patient care, and coordinating various departments' treatment of patients. Yet, it is this latter item, that means so much to him.

He sees all his work as it relates to patient care. Even in administrative duties, he sees the benefits to the people he cares for. Other work in the hospital includes product review, where Lt. Cmdr. Speece not only checks for equipment safety, but also that the equipment is state-of-the-art. The Lieutenant Commander observed how this benefitted the patient by assuring the hospital was equipped with the most accurate and efficient equipment.

However, the work that has a special place in his heart is the work he performed aboard the USNS Mercy.

"It was pure nursing," recalls Lt. Cmdr. Speece, "Pure nursing in the sense that you were totally devoted to patient care in an adverse situation. There was minimal paperwork, no political or personal problems, everything had to relate to patient care; a very unique situation."

He was also amazed at how a small crew could so quickly bond into a functioning team.

"We had to get together and organize an 80-bed ward in 10 days. But I had such an experienced staff—even the junior people had been experienced—that we didn't need a great deal of time together to function as a group."

"It was intense for sure, but so is the Naval Hospital," stated Lt. Cmdr. Speece.

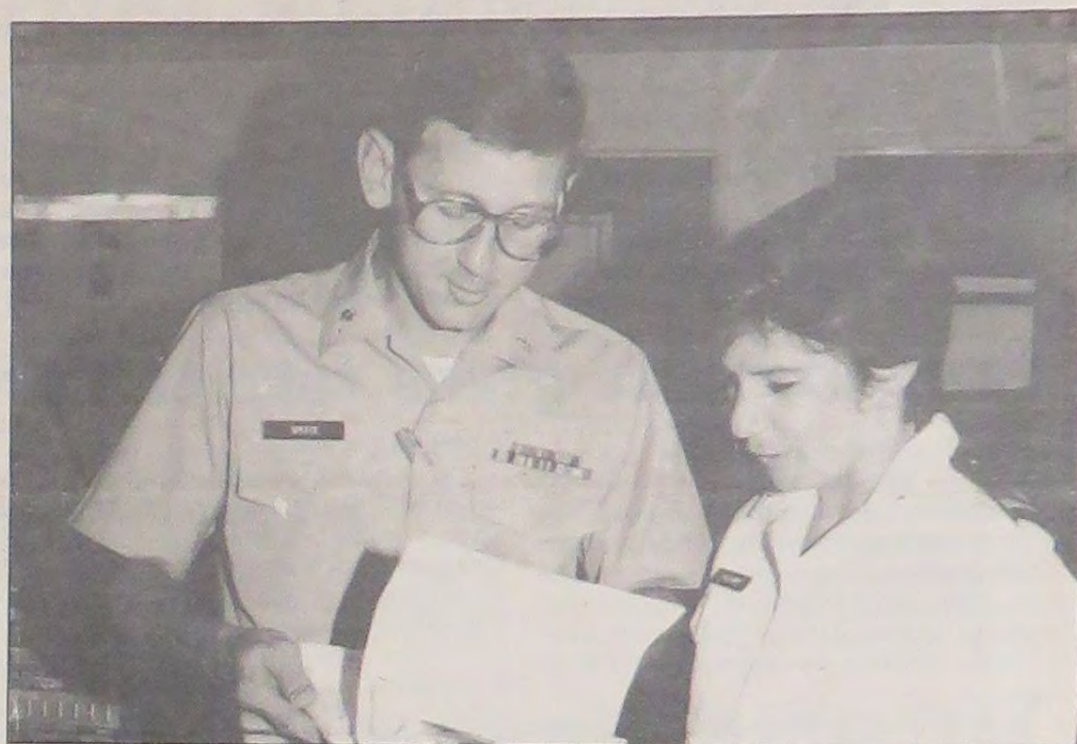
"The high point of the trip had to be in the Philippine ports of Puerto Princessa and Calbayog. There was intense competition among the Filipinos to see doctors. We saw the sickest people there: severe dysentery, tuberculosis, malnutrition, parasites, anemia. Malnutrition was particularly hard to treat. We tried to educate them on how to best maximize the food they have," related Lt. Cmdr. Speece.

"In one instance, in our goiter clinic—I made a sign for them that said, 'Goiters our us'—we realized the conditions they were seeing were owing to an iodine shortage. So we treated them by giving handouts on the sources of iodine in the Philippines. Education, that's all they needed, effective down-to-earth common sense. It cured them."

Caring about people, seeing that they get well are Speece's major concerns. These concerns and his talent earned him the title of Navy Nurse of the Year.

Perhaps what can best summarize what makes up a Navy Nurse of the Year, is Lt. Cmdr. Speece's attitude about Navy Medicine, "There is no problem we cannot overcome."

With Lt. Cmdr. Speece's attention to care, and his talent as a nurse, one truly believes there is no problem that cannot be overcome.



Lieutenant Commander Daniel Speece (left), Night Nursing Supervisor and Nurse of the Year at Naval Hospital, Oakland, discusses instructions for patient care with staff nurse Ensign Phyllis Prudhomme. (Photo by AN Deborah Davis)

POWs, MIAs remembered

by Jonathan Arnowitz

September 18 marks the national observance of POWs and MIAs. A time for people to remember the suffering and courage that thousands of American POWs had endured in all the conflicts involving the United States, and those Americans still missing or unaccounted for in Southeast Asia. Much time has elapsed since the first POWs returned home from Vietnam back in early 1973; more time is elapsing presently to the unknown date when the fate of the remaining 1,776 (an ironic figure) MIAs will be known.

A favorable attitude of reconciliation has come over this country. A well-spirited movement on one extreme even desires normalized relations with Vietnam. This movement of reconciliation could be at the expense of another reconciliation: the returned of Prisoners of War (POWs). Left to the hands of the Vietnamese, the POWs told harrowing stories of human survival.

The POWs stories are preserved in Naval Hospital, Oakland's former

publication *The Oak Leaf*. The old papers serve as testament to their endurance. Below we have reprinted their stories. Also in a related story we have reprinted in whole a story that first appeared in *The Oak Leaf* in February 1973 about the first POW to come to Naval Hospital, Oakland, Lieutenant Commander Everett Alvarez Jr.

"A favorite torture [at the POW camps], reports *The Oak Leaf*, 'was to take a prisoner with a broken arm and work the arm up and down like a water pump.'"

One POW, Lieutenant Commander Rodney Knutson recalled how the Viet Cong captors forced one man to stand with arms overhead holding up a wall for 30 days.

While Lt. Cmdr. Knutson personally "had teeth knocked out and suffered a broken nose which swelled his eyes shut," he was also so severely beaten and mistreated that at one point he could not take off his flyer's suit because scabs and scar tissue had sealed the suit to his body.

please see page 3

Mercy sistership launched

The U.S. Navy's second hospital ship, USNS Comfort (T-AH 20), was commissioned in ceremonies Aug. 15 at the National Steel and Shipbuilding Company in San Diego.

Comfort's primary mission will be to provide medical support to the Department of Defense's Rapid Deployment Joint Task Force. It will be part of the Military Sealift Command's (MSC) Strategic Sealift Force. As a secondary

mission, Comfort will provide hospital service to other government agencies involved in disaster relief.

The first hospital ship, USNS Mercy (T-AH 19), recently completed a shakedown cruise and humanitarian training mission tour of the Republic of the Philippines and other South Pacific islands. During the tour, Mercy treated more than 62,000 patients.

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race, creed, color, national origin or sex of the patron. A confirmed violation or rejection of this policy of equal opportunity by the advertiser will result in the refusal to print advertising from that source. Reader contributions and comments are heartily solicited. *Norwester's* editorial deadline is 3 p.m. Wednesday for publication Friday of the following week.

Opinions & Editorials

CO's COMMENTARY

Complete the job

By Capt. T. F. Levandowski

Monday morning quarterbacks—20/20 hindsight vision—we have all been through the drill. How often I hear "Boy—that was dumb—Don't those people know what's going on?" How many times have you asked that question? In how many circumstances have you been prepared to provide a solution or a recommendation to the problem at hand? Criticism is not unhealthy or unwelcome; however, if you feel free to openly criticize, then please feel equally free to step forward to provide that solution recommendation or advice that will help everyone concerned.

I would appreciate your best thoughts and solution to problems we face daily such as: Better attendance at our clubs—what will it take to increase patronage? Under pending guidelines/requirements we may have to close them. Military appearance and courtesies. What is your standard? Does it conform to the Navy standard? Base appearance—trashing by thoughtless, inconsiderate personnel. The trash itself, who should clean it up? Remember, no additional resources are available to address any of the above type problems and irritants. In the case of the Clubs, current available resources are being withdrawn by higher authority. Let me hear from you.

Observing Hispanic heritage

September 14-18 marks National Hispanic Heritage Week, a time to remember the many contributions the Hispanic community has made to the United States.

The heroism, their contributions to the defense of our country, is manifest throughout our history. In a related story we have printed below, one of the first Prisoners of War to return to Naval

Hospital, Oakland was Lieutenant Commander Everett Alvarez Jr.

This paper also features a story on a sailor whose former home was Cuba. But what articles we print during Hispanic Heritage Week is not as important as our continual acknowledgement of the great wealth of influence Hispanics have had on our culture, as war heroes, musicians, writers, cooks and poets.

Navy exercise gives former Cuban glimpse of his home

By JOSN David J. Bosak
Reprinted from Soundings

For some of Savannah's sailors, the ship's recent exercises there had brought them farther than they had ever been from home. For others, the one-day port call was not much more than a nice place to shake off their sea-legs and grab a hamburger.

But for one Savannah sailor, it was the first time since he was two months old that he had been to his country of birth.

Quartermaster José A. Rodriguez was born in Guantanamo, Cuba, in 1964. His parents, José and Zulema Rodriguez, moved to Mexico shortly after he was born, he said, "because it was getting to be a bad place to live, with Communism and all. We really didn't have much choice."

It was in Mexico that Rodriguez spent much of his childhood, and where he learned to speak Spanish, which he still speaks fluently. Before he finished elementary school, however, his family moved again, in 1976, to Miami. There he not only had to learn a new language, but

a new way of life.

"I had a lot of trouble learning English in the sixth grade. But I got the hang of it after a while. Where I live in Miami everyone speaks both Spanish and English anyway, so I had no trouble getting around," he said.

In the following years Rodriguez finished his beginning education and soon found himself in a joint high school-college program. "That was really hard," he said, "all I ever did as study day and night. After a while I just had to do something else."

It was at that time, Rodriguez noted, that he first thought about joining the military. "I wanted to travel. And the Navy seemed like a great opportunity. Where else can you go all those places for



New grads from ILMET

Graduates of the Intermediate Leadership and Management Education and Training (ILMET) Course for Medical Department Officers in the San Francisco Bay Area gather for a class photo at the Naval and Marine Corps Reserve Center, Treasure Island, on Aug. 19. The two-week ILMET course was previously conducted for Medical Department officers in the Puget Sound area before being presented in the southern area of Naval Medical Command's Northwest Region. (Photo by JOC M.D. McGougan)

free." In 1984, Rodriguez attended Recruit Training in Orlando, and shortly afterward was stationed aboard USS Savannah, on which he has served ever since.

With little reservation, Rodriguez said he was very happy to have the opportunity to visit his homeland. "It felt good, in a way. Of course with the situation the way it is I couldn't leave the base. But I never knew what the country looked liked before, so it was interesting to me."

For years the dream to travel to new and distant places has been one of the primary reasons for joining the Navy. Through the Navy men and women from all over America have actually fulfilled that desire which before they could only read about.



QM3 José Rodríguez scans the Cuban shoreline from USS Savannah (AOR-4) before the ship enters Guantanamo Bay, Cuba.

La Bamba: Hispanics tell their own history

By Jonathan Arnowitz

If any minority group desires their story to be told, they have to tell it themselves. The film, *La Bamba* is in my experience the first major release motion picture that tells a Hispanic tale from a Hispanic perspective.

The story of *La Bamba* recounts the quick rise to fame of Richie Valens only to be just as abruptly ended by a tragic plane crash, that also claimed the life of famed rock 'n' roll star, Buddy Holly.

But, the Richie Valens story is not just the story of a rock 'n' roll star. It stands on its own as a young Hispanic man's stand for integrity and success in a predominantly white culture.

The movie begins with Valens' humble beginnings raised by a single parent in a migrant farmworking community in southern California. There all his family works, making barely enough to survive. They are living in a tent.

As Valens' notoriety grows, so does his family. In one particular scene Valens is asked by his future recording producer,

Robert Kuhn, to abandon his band. Kuhn asks, "Which is more important: your friends or your music?" Valens reply: "My family." He accepts the recording contract to better provide for his family.

One of his first acts when he achieves stardom is to buy his mother a house to live in. Among the last acts of his life is his reconciliation with his brother. *La Bamba* depicts a Hispanic family with compassion and integrity.

Here, integrity is most important. While some would say, Richie Valens sold out by anglicizing his name from Valenzuela to Valens; that point pales by his music with such obvious Hispanic origins as his major hit, *La Bamba*, a Hispanic folk song.

Richie Valens death was a major event in rock 'n' roll history. Shortly before Valens' death, Elvis Presley was inducted into the Army. Furthermore, Jerry Lee Lewis was imprisoned on a sexual misconduct charge. Then the plane crash which claimed not only Richie Valens, but also

Buddy Holly and J. P. "The Big Bopper" Richardson. In a very short time the head of rock 'n' roll was cut off. This situation created a vacuum in rock 'n' roll that was just waiting to be filled. Valens' death gave the chance for the Beatles to rise to an uncontested prominence.

La Bamba gives us an account of an often neglected aspect of one of the major events in rock 'n' roll: the death of Richie Valens. It is long overdue that Hispanic heritage and culture has gained entry into our mainstream culture. Let us hope that *La Bamba* is only the beginning.

Corrections

This space is reserved to resolve any omissions or errors that appear in the Norwester.

In our July 31 story, "DoD issues clarified policy on military personnel with AIDS," we reported that HIV-positive active duty could not be assigned outside the continental United States. That sentence above, should have read "outside the United States."

Norwester

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Commander CAPT. T.F. Levandowski
Public Affairs Officer H.G. Thomas
Editor Jonathan S. Arnowitz
Editorial Consultant JOC Mike McGougan
Staff Photographer AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson
AV: 317-692-4178
Branch Clinic Stockton
HMCS G.W. Chraska
AV: 466-7445/6
Branch Clinic Alameda
HM3 Richard Demerest
(415) 869-4314

Sept. 11, 1987

POWs, MIAs original greetings from *The Oak Leaf*



BEAUTIFUL SKY—Lieutenant Commander Everett Alvarez, Jr., relaxes with an old acquaintance in his room at the Oakland Naval Hospital. Commander Alvarez found time between doctor's ap-

pointments to play "Cielito Lindo" on his sister Delia's guitar after returning from a North Vietnamese prisoner-of-war camp February 16th.

Reprinted from *The Oak Leaf*, February, 1973

When Mrs. McKamey said, "This is the best Valentine I've ever had," or when Cmdr. Pirie said, "The Golden Gate Bridge was one of the most beautiful sights I've ever seen," even an outsider has empathy to know what it meant. Also, there's years of extra meaning in the statement, "I went a lot of miles to get here."

Neither the ex-POWs nor their families are restricted in the giving of press conferences. Few have chosen to speak with the press; however, the press is restricted from interviewing them without their permission.

The father of Lt. Col. Chapman thanked the media for understanding and cooperation in allowing privacy to the ex-POWs. He stated that his son was on Cloud Nine, and that "Incidentally, his

parents don't have their feet on the ground just yet either."

The lounge contains volumes of annual summaries of news events which transpired during the years of 1965 through 1972.

It pleases all the 6-North guests just to be able to walk through a doorway.

Nine returnees have arrived at NHO. It is not known just when or how many men will ultimately arrive here.

Preparation for homecoming began over a year ago. It has required the cooperation of all services and divisions of the hospital. Security, Public Works, and Transportation Divisions have been very active in planning. The Personnel and Patient Affairs, Clinical, Food Service and all medical and administrative services and divisions have devoted hours of extra thought and time to the operation.

POWs, MIAs remembered

continued from page 1

The Oak Leaf also reports that 95 percent of the prisoners of war had been tortured in some form or another, their torture was compounded by malnutrition and daily treatment which was in gross violation of the Geneva Convention of the treatment of prisoners of war.

Yet inspite of these terrible conditions, these men had the will to survive and adopted very ingenious, and creative means.

The articles also describe the various ways the prisoners kept in communication with each other, "they used the hand alphabet (similar to the one used by the hard of hearing), they used the Morse code of flashing, tapping, and scratching on walls; listening through thick walls by

putting the base of a cup against the wall."

The stories go on in oddly mixed strains of horrifying torture and life affirming survival akin to the stories one hears from survivors of the death camps in Nazi Germany or the "killing fields" of Pol Pot's Cambodia.

One would never want old wounds to stand in the way of a new peace in our world. Current news reports indicate that Vietnam's Foreign Minister, Nguyen Co Thach, has been positive toward resolving the MIA question with the United States. However similarly, we do not want the present to obliterate the past heroic deeds and tragic conditions of our POWs as well as the unknown fate of our remaining MIAs. Their stories should be kept in our hearts and never forgotten.

Back to school: safety is No. 1

By Evelyn D. Harris

Summer vacation is over, and school-bound children everywhere are getting new clothes and pencils. But they and their parents may be overlooking one major item on the list of things to consider in preparing for school—safety.

Larry Bruno, safety program manager for DoD Dependent Schools, and National Safety Council spokeswoman Donna Siegfried have some tips for parents and children.

PARENTS

If your elementary-age children are going to walk to school or hike a long distance to the bus stop, go over the safest route with them before school starts. The safest route isn't always the shortest—they shouldn't go through alleys or wooded areas.

Obey signs saying where to unload

passengers. "Parents cause a lot of problems when they ignore pickup and dropoff zones—and the situation is worse in bad weather," said Siegfried.

Put reflective tape on your child's backpack or jacket.

CHILDREN

Wear bright colors, especially on cloudy days.

Bruno says children going to DoDDS schools have to be extra careful boarding the school bus, because many foreign countries don't have laws requiring drivers to stop when a school bus stops.

Never walk behind or to the side of school bus—the driver won't be able to see you. If you cross in front of a bus, get at least four or five feet in front.

In areas where there are no sidewalks along the road, walk facing traffic.

Try to walk with a group of friends.

Cross only at intersections.

Zoo Director thanks GEOCOM

On behalf of the East Bay Zoological Society, the Board of Trustees and the Oakland Zoo staff, I would like to express our sincere appreciation and thanks for your support toward our Pachyderm Paver project.

We have been working very hard for the past several years in an effort to raise the funds necessary to develop our African elephant exhibit. Your participation in this project, through your generous donation of \$1,342.80 for a

Pachyderm Paver Keystone, will help provide this valuable exhibit funding.

You will be notified when your keystone has been laid, and I look forward to seeing you at the unveiling ceremony, if not before. Thank you again for your enthusiastic support of this exciting project.

Sincerely,
Joel J. Parrott, DVM
Director

Our Constitution: perservering the next 200 years?

by Jonathan Arnowitz

The 200th anniversary of our Constitution is upon us! Perhaps the most miraculous aspect is that the longest existing constitution continues to function in the same form as the authors envisioned 200 years ago. The above feat must truly be miraculous in that our Constitution has survived major social, economic, and cultural upheavals, with not one single political upheaval.

The Constitution's design was not so much built on political ideology as many are today. Rather, our Constitution is based on an understanding of the universality of human nature.

How else can one account for a Constitution that has functioned both in a time of horse-drawn carriages and of Lear jets; in a time of gold currency and a time

of credit cards; a time of small entrepreneurs and a time of multi-national corporations; a time of Puritans and a time of New Age spirituality; and, of course, through the times of slavery to the times of civil rights.

Just looking over the above list and one realizes just what a blank check, ideologically, comprises the Constitution. The Constitution is only what we make of it.

Perhaps in that context mentioned above, it is ironic that there are those who want a Constitutional convention to form a new constitution. Furthermore, there are political scientists who assert our Constitution is ending. In this the 200th year of our Constitution, it is the duty of we Americans to stand up for our beloved Constitution. Military members have

sworn to uphold it, civilians are granted freedom under it, and we as a whole people continue to be, not subjects in a government, but the actual governors; our rights will not be alienated unless we let them.

Our founding fathers foresaw a moment when this Constitution should be dissolved, to paraphrase Thomas Jefferson: That whenever any Form of Government becomes destructive to our inalienable rights, among them Life, Liberty, and the Pursuit of Happiness, it is the Right of the People to alter or abolish it, and institute new Government...in such form, as to them shall seem most likely to effect their Safety and Happiness.

All too often, this is confused with other quasi-democratic phrases such as; majority rule, might makes right, my country right or wrong, morali-

ty rule, et al. I don't just shoot these phrases to by mere mention to refute them—that's something equally bad called McCarthyism or guilt by association.

Each of the above precepts make up a fraction of our democracy; but taken as a whole, alone, unchecked by the other factors, our democracy could just as easily degenerate into a tyranny.

Remember the phrase, tyranny of the majority. The majority, being as self-interested as anybody else, would constantly vote to the detriment of the minority. To protect the minority, we are ruled by a myriad of democracies already mentioned in our Federalist series.

Therefore, to use public polls as if somehow they fiat accomplish express the will of the people is to somehow bypass the whole governmental process of public

please see page 6

The Constitution of the United States

We the people of the United States, in order to form a more perfect union, establish justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity, do ordain and establish this Constitution for the United States of America.

ARTICLE I.

SECTION 1. All legislative powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.

SECTION 2. The House of Representatives shall be composed of members chosen every second year by the people of the several states, and the electors in each state shall have the qualifications requisite for electors of the most numerous branch of the state legislature.

No person shall be a representative who shall not have attained to the age of 25 years, and been seven years a citizen of the United States, and who shall not, when elected, be an inhabitant of that state in which he shall be chosen.

Representatives and direct taxes shall be apportioned among the several states which may be included within this union, according to their respective numbers, which shall be determined by adding to the whole number of free persons, including those bound to service for a term of years, and excluding Indians not taxed, three-fifths of all other persons. The actual enumeration shall be made within three years after the first meeting of the Congress of the United States, and within every subsequent term of ten years, in such manner as they shall by law direct. The number of representatives shall not exceed one for every 30,000, but each state shall have at least one representative; and until such enumeration shall be made, the state of New Hampshire shall be entitled to choose three, Massachusetts eight, Rhode Island and Providence Plantations one, Connecticut five, New York six, New Jersey four, Pennsylvania eight, Delaware one, Maryland six, Virginia ten, North Carolina five, South Carolina five, and Georgia three.

When vacancies happen in the representation from any state, the executive authority thereof shall issue writs of election to fill such vacancies.

The House of Representatives shall choose their speaker and other officers; and shall have the sole power of impeachment.

SECTION 3. The Senate of the United States shall be composed of two senators from each state, chosen by the legislature thereof, for six years; and each senator shall have one vote.

Immediately after they shall be assembled in consequence of the first election, they shall be divided as equally as may be into three classes. The seats of the senators of the first class shall be vacated at the expiration of the second year, of the second class at the expiration of the fourth year, and of the third class at the expiration of the sixth year, so that one-third may be chosen every second year; and if vacancies happen by resignation, or otherwise, during the recess of the legislature of any state, the executive thereof may make temporary appointments until the next meeting of the legislature, which shall then fill such vacancies.

No person shall be a senator who shall not have attained to the age of 30 years, and been nine years a citizen of the United States, and who shall not, when elected, be an inhabitant of that state for which he shall be chosen.

The vice president of the United States shall be president of the Senate, but shall have no vote, unless they be equally divided.

The Senate shall choose their other officers, and also a president pro tempore, in the absence of the vice president, or when he shall exercise the office of president of the United States.

The Senate shall have the sole power to try all impeachments. When sitting for that purpose, they shall be on oath or affirmation. When the president of the United States is tried, the chief

justice shall preside; And no person shall be convicted without the concurrence of two-thirds of the members present.

Judgment in cases of impeachment shall not extend further than to removal from office, and disqualification to hold and enjoy any office of honour, trust or profit under the United States; but the party convicted shall nevertheless be liable and subject to indictment, trial, judgment and punishment, according to law.

SECTION 4. The times, places and manner of holding elections, for senators and representatives, shall be prescribed in each state by the legislature thereof; but Congress may at any time by law make or alter such regulations, except as to the places of choosing senators.

The Congress shall assemble at least once in every year, and such meeting shall be on the first Monday in December, unless they shall by law appoint a different day.

SECTION 5. Each house shall be the judge of the elections, returns and qualifications of its own members, and a majority of each shall constitute a quorum to do business; but a smaller number may adjourn from day to day, and may be authorized to compel the attendance of absent members, in such manner, and under such penalties as each house may provide.

Each house may determine the rules of its proceedings, punish its members for disorderly behaviour, and, with the concurrence of two-thirds, expel a member.

Each house shall keep a journal of its proceedings, and from time to time publish the same, excepting such parts as may in their judgment require secrecy; and the yeas and nays of the members of either house on any question shall, at the desire of one-fifth of those present, be entered on the journal.

Neither house, during the session of Congress, shall, without the consent of the other, adjourn for more than three days, nor to any other place than that in which the two houses shall be sitting.

SECTION 6. The senators and representatives shall receive a compensation for their services, to be ascertained by law, and paid out of the treasury of the United States. They shall in all cases, except treason, felony and breach of the peace, be privileged from arrest during their attendance at the session of their respective houses, and in going to and returning from the same; and for any speech or debate in either house, they shall not be questioned in any other place.

No senator or representative shall, during the time for which he was elected, be appointed to any civil office under the authority of the United States, which shall have been created, or the emoluments whereof shall have been increased during such time; and no person holding any office under the United States, shall be a member of either house during his continuance in office.

SECTION 7. All bills for raising revenue shall originate in the House of Representatives; but the Senate may propose or concur with amendments as on other bills.

Every bill which shall have passed the House of Representatives and the Senate, shall, before it becomes a law, be presented to the president of the United States; if he approve, he shall sign it, but if not, he shall return it, with his objections, to that house in which it shall have originated, who shall enter the objections at large on their journal, and proceed to reconsider it. If after such reconsideration, two-thirds of that house shall agree to pass the bill, it shall be sent together with the objections, to the other house, by which it shall likewise be reconsidered, and if approved by two-thirds of that house, it shall become a law. But in all cases the votes of both houses shall be determined by yeas and nays, and the names of the persons voting for and against the bill shall be entered on the journal of each house respectively. If any bill shall not be returned by the president within ten days, (Sundays excepted) after it shall have been presented to him, the same shall be a law, in like manner as if he had signed it, unless the Congress by their adjournment prevent its return, in which case it shall not be a law.

Every order, resolution, or vote to which the concurrence of the Senate and House of Representatives may be necessary (except on a question of adjournment) shall be presented to the president of the United States; and before the same shall take effect, shall be approved by him, or, being disapproved by him, shall be re-passed by two-thirds of the Senate and House of Representatives, according to the rules and limitations prescribed in the case of a bill.

SECTION 8. The Congress shall have the power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defence and general welfare of the United States; but all duties, imposts and excises shall be uniform throughout the United States:

To borrow money on the credit of the United States;

To regulate commerce with foreign nations, and among the several states, and with the Indian tribes;

To establish an uniform rule of naturalization, and uniform laws on the subject of bankruptcies throughout the United States;

The Constitution of the United States of America

To coin money, regulate the value thereof, and of foreign coin, and fix the standard of weights and measures.

To provide for the punishment of counterfeiting the securities and current coin of the United States:

To establish post-offices and post-roads:

To promote the progress of science and useful arts, by securing for limited times to authors and inventors the exclusive right to their respective writings and discoveries:

To constitute tribunals inferior to the supreme court:

To define and punish piracies and felonies committed on the high seas, and offences against the law of nations:

To declare war, grant letters of marque and reprisal, and make rules concerning captures on land and water:

To raise and support armies, but no appropriation of money shall be for a longer term than two years:

To provide and maintain a navy:

To make rules for the government and regulation of the land and naval forces:

To provide for calling forth the militia to execute the laws of the union, suppress insurrections and repel invasions:

To provide for organizing, arming and disciplining the militia, and for governing such part of them as may be employed in the service of the United States, reserving to the states respectively the appointment of the officers, and the authority of training the militia according to the discipline prescribed by Congress:

To exercise exclusive legislation in all cases whatsoever, over such district (not exceeding ten miles square) as may, by cession of particular states, and the acceptance of Congress, become the seat of the government of the United States, and to exercise like authority over all places purchased by the consent of the legislature of the state in which the same shall be, for the erection of forts, magazines, arsenals, dock-yards, and other needful buildings:

And,

To make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this constitution in the government of the United States, or in any department or officer thereof.

SECTION 9. The migration or importation of such persons as any of the states now existing shall think proper to admit, shall not be prohibited by the Congress prior to the year 1808, but a tax or duty may be imposed on such importation, not exceeding 10 dollars for each person.

The privilege of the writ of *habeas corpus* shall not be suspended, unless when in cases of rebellion or invasion the public safety may require it.

No bill of attainder or *ex post facto* law shall be passed.

No capitation, or other direct tax shall be laid unless in proportion to the census or enumeration herein before directed to be taken.

No tax or duty shall be laid on articles exported from any state.

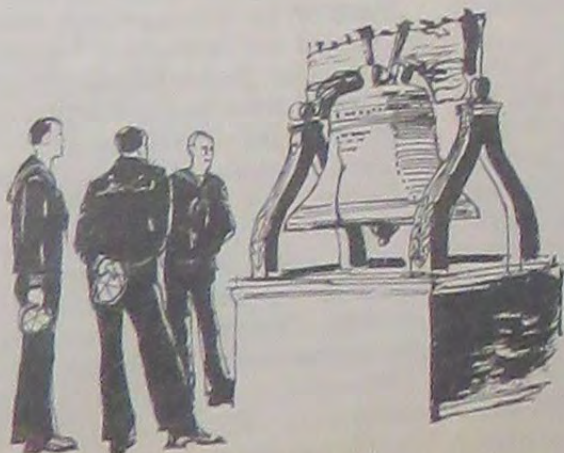
No preference shall be given by any regulation of commerce or revenue to the ports of one state over those of another; nor shall vessels bound to, or from, one state, be obliged to call clear, or pay duties in another.

No money shall be drawn from the treasury, but in consequence of appropriations made by law; and a regular statement and account of the receipts and expenditures of all public money shall be published from time to time.

No title of nobility shall be granted by the United States; and no person holding any office of profit or trust under them, shall, without the consent of Congress, accept of any present, pension, office, or title, of any kind whatever, from any prince or foreign state.

SECTION 10. No state shall enter into any treaty, alliance or confederation; grant letters of marque and reprisal; coin money; emit bills of credit; make any thing but gold and silver coin a tender in payment of debts; pass any bill of attainder, *ex post facto* law, or law impairing the obligation of contracts, or grant any title of nobility.

No state shall, without the consent of Congress, lay



United States of America, 1787

posts or duties on imports or exports, except what may be absolutely necessary for executing its inspection laws; and the produce of all duties and imposts, laid by any state on imports or exports, shall be for the use of the treasury of the United States; and all such laws shall be subject to the revision and control of the Congress.

No state shall, without the consent of Congress, lay any duty on tonnage, keep troops, or ships of war in time of peace, enter any agreement or compact with another state, or with a foreign power, or engage in war, unless actually invaded, or in imminent danger as will not admit of delay.

ARTICLE II.

SECTION 1. The executive power shall be vested in a president of the United States of America. He shall hold his office during the term of four years, and, together with the vice-president, chosen for the same term, be elected as follows:

Each state shall appoint, in such manner as the legislature thereof may direct, a number of electors, equal to the whole number of senators and representatives to which the state may be entitled in the Congress; but no senator or representative, or person holding an office of trust or profit under the United States, shall be appointed an elector.

The electors shall meet in their respective states, and vote by ballot for two persons, of whom one at least shall not be an inhabitant of the same state with themselves. And they shall make a list of all the persons voted for, and of the number of votes for each; which list they shall sign and certify, and transmit sealed to the seat of the government of the United States, directed to the president of the Senate. The president of the Senate shall, in the presence of the Senate and House of Representatives, open all the certificates and the votes shall then be counted. The person having the greatest number of votes shall be president, if such number be a majority of the whole number of electors appointed; and if there be more than one who have such majority, and have an equal number of votes, then the House of

shall not receive within that period any other emolument from the United States, or any of them.

Before he enter on the execution of his office, he shall take the following oath or affirmation:

"I do solemnly swear (or affirm) that I will faithfully execute the office of president of the United States, and will to the best of my ability, preserve, protect and defend the constitution of the United States."

SECTION 2. The president shall be commander in chief of the army and navy of the United States, and of the militia of the several states, when called into actual service of the United States; he may require the opinion, in writing, or the principal officer in each of the executive departments, upon any subject relating to the duties of their respective offices, and he shall have power to grant reprieves and pardons for offences against the United States, except in cases of impeachment.

He shall have power, by and with the advice and consent of the Senate, to make treaties, provided two-thirds of the senators present concur; and he shall nominate, and by and with the advice and consent of the Senate, shall appoint ambassadors, other public ministers and consuls, judges of the supreme court, and all other officers of the United States, whose appointments are not herein otherwise provided for, and which shall be established by law. But the Congress may by law vest the appointment of such inferior officers, as they think proper, in the president alone, in the courts of law, or in the heads of departments.

The president shall have power to fill up all vacancies that may happen during the recess of the Senate, by granting commissions, which shall expire at the end of their next session.

SECTION 3. He shall, from time to time, give to the Congress information of the state of the union, and recommend to their consideration, such measures as he shall judge necessary and expedient; he may, on extraordinary occasions, convene both houses, or either of them, and in case of disagreement between them, with respect to the time of adjournment, he may adjourn them to such time as he shall think proper; he shall receive ambassadors and other public ministers; he shall take care that the laws be faithfully executed, and shall commission all the officers of the United States.

SECTION 4. The president, vice president, and all civil officers of the United States shall be removed from office on impeachment for, and conviction of, treason, bribery, or other high crimes and misdemeanors.

ARTICLE III.

SECTION 1. The judicial power of the United States, shall be vested in one supreme court, and in such inferior courts as the Congress may, from time to time, ordain and establish. The judges, both of the supreme and inferior courts, shall hold their offices during good behaviour, and shall, at stated times, receive for their services a compensation, which shall not be diminished during their continuance in office.

SECTION 2. The judicial power shall extend to all cases, in law and equity, arising under this constitution, the laws of the United States, and treaties made, or which shall be made under their authority; to all cases affecting ambassadors, other public ministers and consuls; to all cases of admiralty and maritime jurisdiction; to controversies to which the United States shall be a party; to controversies between two or more states, between a state and citizens of another state, between citizens of different states, between citizens of the same state, claiming lands under grants of different states, and between a state, or citizens thereof, and foreign states, citizens or subjects.

In all cases affecting ambassadors, other public ministers and consuls, and those in which a state shall be party, the supreme court shall have original jurisdiction. In all the other cases before-mentioned, the supreme court shall have appellate jurisdiction, both as to law and fact, with such exceptions, and under such regulations as the Congress shall make.

The trial of all crimes, except in cases of impeachment, shall be by jury; and such trial shall be held in the state where the said crimes shall have been committed; but when not committed within any state, the trial shall be at such place or places as the Congress may by law have directed.

SECTION 3. Treason against the United States shall consist only in levying war against them, or in adhering to their enemies, giving them aid and comfort. No person shall be convicted of treason unless on the testimony of two witnesses to the same overt act, or on confession in open court.

The Congress shall have power to declare the punishment of treason, but no attainder of treason shall work corruption of blood, or forfeiture, except during the life of the person attained.

ARTICLE IV.

SECTION 1. Full faith and credit shall be given in each state to the public acts, records and judicial proceedings of every other state. And the Congress may by general laws prescribe the manner in which such acts, records, and proceedings shall be proved, and the effect thereof.



SECTION 2. The citizens of each state shall be entitled to all privileges and immunities of citizens in the several states.

A person charged in any state with treason, felony, or other crime, who shall flee from justice, and be found in another state, shall, on demand of the executive authority of the state from which he fled, be delivered up, to be removed to the state having jurisdiction of the crime.

No person held to service or labour in one state, under the laws thereof, escaping into another, shall, in consequence of any law or regulation therein, be discharged from such service or labour, but shall be delivered up on claim of the party to whom such service or labour may be due.

SECTION 3. New states may be admitted by Congress into this union; but no new state shall be formed or erected within the jurisdiction of any other state, nor any state be formed by the junction of two or more states, or parts of states, without the consent of the legislatures of the states concerned, as well as of the Congress.

The Congress shall have power to dispose of and make all needful rules and regulations respecting the territory or other property belonging to the United States; and nothing in this constitution shall be so construed as to prejudice any claims of the United States, or of any particular state.

SECTION 4. The United States shall guarantee to every state in this union, a republican form of government, and shall protect each of them against invasion; and on application of the legislature, or of the executive (when the legislature cannot be convened), against domestic violence.

ARTICLE V.

The Congress, whenever two-thirds of both houses shall deem it necessary, shall propose amendments to this constitution, or on the application of the legislatures of two-thirds of the several states, shall call a convention for proposing amendments, which, in either case, shall be valid to all intents and purposes, as part of this constitution, when ratified by the legislatures of three-fourths of the several states, or by conventions in three-fourths thereof, as the one or the other mode of ratification may be proposed by the congress: Provided, that no amendment which may be made prior to the year 1808, shall in any manner affect the first and fourth clauses in the ninth section of the first article; and that no state, without its consent, shall be deprived of its equal suffrage in the Senate.

ARTICLE VI.

All debts contracted and engagements entered into, before the adoption of this constitution, shall be as valid against the United States under this constitution, as under the confederation.

This constitution, and the laws of the United States which shall be made in pursuance thereof; and all treaties made, or which shall be made, under the authority of the United States shall be the supreme law of the land; and the judges in every state shall be bound thereby, any thing in the constitution or laws of any state to the contrary notwithstanding.

The senators and representatives before-mentioned, and the members of the several state legislatures, and all executive and judicial officers, both of the United States and of the several states, shall be bound by oath or affirmation, to support this constitution; but no religious test shall ever be required as a qualification to any office or public trust under the United States.

ARTICLE VII.

The ratification of the conventions of nine states, shall be sufficient for the establishment of this constitution between the states so ratifying the same.

Done in convention, by the unanimous consent of the States present, the 17th day of September, in the year of our Lord 1787, and of the independence of the United States of America the 12th. In witness whereof we have hereunto subscribed our names.

Quote of the week

"The people made the constitution, and the people can unmake it. It is the creature of their own will, and lives only by their will."

John Marshall,
chief justice (1801-35)



representatives shall immediately choose by ballot one of them president; and if no person have a majority, then from the highest on the list, the said House shall, in like manner, choose the president. But in choosing the president, the votes shall be taken by states, the representation from each state having one vote; a quorum for this purpose shall consist of a number or members from two-thirds of the states, and a majority of all the states shall be necessary to a choice. In every case, the choice of the president, the person having the greatest number of votes of the electors shall be the vice president. But if there should remain two or more who have equal votes, the electors shall choose from them by ballot the vice-president.

The Congress may determine the time of choosing the electors, and the day on which they shall give their votes; which day shall be the same throughout the United States.

No person except a natural born citizen, or a citizen of the United States, at the time of the adoption of this constitution, shall be eligible to the office of president; neither shall any person be eligible to that office, who shall not have attained to the age of 35 years, and been 14 years a resident within the United States.

In case of the removal of the president from office, or of his death, resignation, or inability to discharge the powers and duties of the said office, the same shall devolve on the vice president, and the Congress may by law provide for the case of removal, death, resignation, or inability, both of the president and vice president, declaring what officer shall then act as president, and what officers shall act accordingly, until the disability be removed, or a president shall be elected.

The president shall, at stated times, receive for his services, a compensation, which shall neither be increased nor diminished during the period for which he shall have been elected, and he

Mash Bash photo feature



Amy Jacobson epitomizes the picnic for youngsters and grownups alike—casual attire, cool refreshments, relaxation, fun games and entertainment. (Photo by JOC M.D. McGougan)



Ship's Serviceman Melissa McConnell gives her young daughter a pony ride. (Photo by AN Deborah Davis)



Hypnotist James Szeles puts picnickers under his entertaining "spell." (Photo by JOC M.D. McGougan)



Brenda Cambell (left), holder of a blue belt, smashes a small wood board with a sidekick in an exhibition by members of the West Coast Tae-Kwon-Do Club of San Leandro. Tom Young (center), head instructor of the club, and Seaman Bryan Malcolm, assistant instructor who is assigned in the Northwest Region Security Department, hold the wood. (Photo by AN Deborah Davis)



Ronnie Davis (left) demonstrates the correct way to "take down" an opponent, portrayed by Damien Young, in an exhibition by the West Coast Tae-Kwon-Do Club of San Leandro. (Photo by AN Deborah Davis)



Seeing themselves in silly ways, MASH Bashers could have their photos taken as different characters or be the target of wet sponges as a way to cool off. (Photo by AN Deborah Davis)

Our Constitution *continued from page 3*

policy-making (elections, legislature, executive, judicial) as set down in the Constitution, and subject us to the tyranny of the majority.

The most important, if forgotten, principles of our country are both rule by the consent of the governed, and our right to liberty.

Consent of the governed means that we participate in our government with the knowledge that we will not always be the prevailing belief. Just as our opponents consent to our political victories, so they have our consent when their will prevails. Given how our government works with its various branches, the majority will not always prevail; but hopefully the wisdom that comes with looking at issues from different perspectives will. That is a major component of our government, "our country right or wrong."

Contrarily, this above statement must not be confused with a blind following. Our liberty exists only as our ability to use it. If we allow others to tyrannize us, without our consent, our inaction destroys our liberty. We settle for so-called mediocre candidates only because we are unwilling to put forth the energy it takes to support a better candidate. How often have people said, "I'm not voting, there is nobody I want;" or "I'll vote for Candidate X, he's got the best chance of winning;" or "I'll just vote for the person I dislike the least." All of these axioms are

true for one person voting; however, if an entire nation votes with the above precepts, what sort of quality will that elicit? Who do you imagine coming forward saying, "I'll do" as oppose to, "I believe that..."?

While the American people do not rule our country with absolute authority, nothing takes place in the United States without the people having had a hand in it; either in the form of elected officials, lobbyists representing their interests, legislative initiatives and referendums, the appointees of their elected officials, or their letters to their representatives.

Our government is still founded on the protection of our inalienable rights. The end to our government one sees coming is in our own lackadaisical dedication to keeping those rights. Taking a stand and accepting the consequences. Exercising your liberty and choosing for yourself who you want or what you want.

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Special proceedings set for prospective CPOs

By CPO Budd Wiser

The Oak Knoll Chief Petty Officers' Association is convening a special tribunal at high noon Sept. 16 at the Northwest Region Enlisted Club to determine the fate of 13 Navy personnel charged with "deeds of misconduct" against the local CPO community.

"There have been many charges of misconduct lodged against these scoundrels but the chief complaints have been that they are going around impersonating chief petty officers and have been involved in numerous incidents of influence peddling," according to HMC Day, prosecuting attorney.

The accused personnel, who may be readily identified by the green log books they carry listing the charges against

them, are: HM1½ Seaman, PN1½ Gasacao, MA1½ Klocker, MA1½ Kinney, MS1½ Cadiente, HM1½ Simon, HM1½ Icbán, HM1½ Maristela and HM1½ Merza.

They have been joined by HM1½ Johnson, HM1½ James, HM1½ Briscoe and HM1½ Brandt of the hospital ship USNS Mercy.

The accused, who have reportedly formed a splinter group outside the CPO Association, claim they have been unduly harassed in close encounters with bona fide CPOs, especially in the "CPO Only" section of the Enlisted Dining Facility at Naval Hospital, Oakland.

HMC Parkinson, Naval Hospital, Oakland Command Master Chief, denied any wrongdoing.

HMC O'Daniel, Naval Medical Command, Northwest Region Command Master Chief admitted that members of the CPO Association have been conducting closed-door counter-insurgency strategy sessions. However, he would neither confirm nor deny the presence of special warfare weapons to counter the threat.

HMC Dean, the CPO Tribunal Judge, has issued a summons to all Oak Knoll active duty CPOs to appear as witnesses and present any evidence concerning the deeds of misconduct.

"We will appear as ordered before the tribunal, but the CPO Association members best be warned that we do not intend to be intimidated in our bid to become chief petty officers," the thirteen

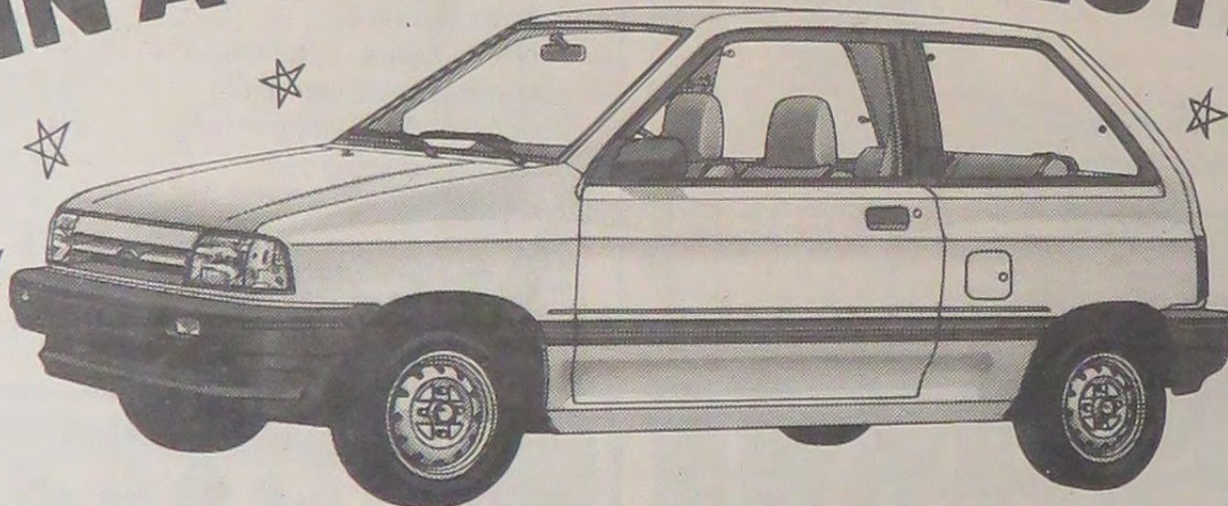
accused declared together in solidarity. "We expect Judge Dean or Bear, or whatever his name is, to show us mercy," they added.

"I can assure the accused of a fair and swift trial," Judge Dean stated. "but I don't think I'll be able to show mercy. The latest information I have is that there are no tours or assignments available aboard the hospital ship Mercy."

Captain Levandowski and Captain Martinson expressed complete confidence that the Oak Knoll Chief Petty Officers' Association would take appropriate action in the case of these upstart thirteen, preserving the hallowed traditions of CPOs and averting an Oak Knoll CPO Gate scandal.

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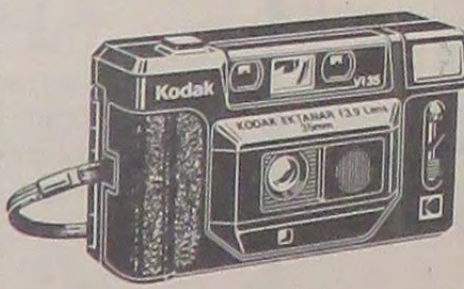
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A newspaper for the Naval Medical Command, Northwest Region

Norwester

Naval Reserves assist Lemoore patient care

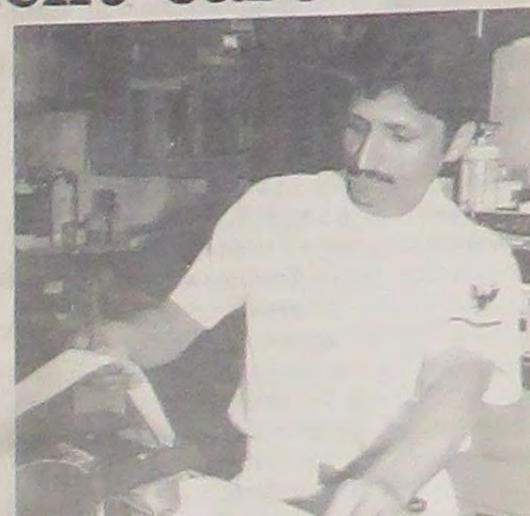
by Howard Thomas

"The Naval Medical Reserves are an integral part of our total effort. If we are to support the Reserve units, we need to support them in a positive way that makes them capable to come in here (Naval Hospital, Lemoore) and take over this hospital if we were to leave. The best way to do that is to give them a real opportunity to work as a unit without having to simulate opportunities," said Captain R. H. Brant, MSC, Commanding Officer of the Naval Hospital, Lemoore.

Being a man of his word, Capt. Brant has provided those opportunities to a number of Naval Medical Reserve units.

Recently, Naval Hospital, Oakland Reserve Unit 720, which drills in Pacific Grove, Calif., modified their drill to

please see page 4



Lab tech HM3 Patel Nitinkumar of NRNH 720 Oakland checks glucose analyzer results.

Navy League honors Navy nurse

The Oakland Chapter of the Navy League recently honored their selection of Naval Hospital, Oakland Nurse of the Year, Lieutenant Commander Daniel Speece (*Norwester*, Sept. 11), at a luncheon held in the Naval Medical Command, Northwest Region Officers' Club.

According to Helen Cupper, Navy League liaison with the Naval Hospital Oakland, the Nurse of the Year is selected based on three general criteria: performance of duty, skill in supervision, and teaching ability in their area of expertise.

The Oakland chapter of the Navy League presented Lt. Cmdr. Speece with an engraved silver bowl recognizing his selection. Lt. Cmdr. Speece was not only presented a weekend for two at a local hotel, but he was also recognized as radio station KABL's Citizen of the Day.

During the ceremony, Lt. Cmdr. Speece expressed his gratitude saying, "I am very happy to receive this recognition.

I view it as a token of appreciation for all the Navy nurses, especially those who work with me on my ward."

This is the third year the Oakland Navy League Chapter has recognized the Nurse of the Year at the Naval Hospital Oakland. The roots of the relationship of the Navy League and the Naval Hospital run deep. In addition to recognizing excellence in the Medical Community, the Navy League has also supported the hospital in many other ways. For instance, the Navy League has recognized the hospital's Sailor of the Year, and decorated the hospital during the holiday season.

The Navy League furthered their support and commitment to the Naval Hospital by "adopting" the Naval Hospital Oakland last Friday. More information will follow on the adoption in the next issue of the *Norwester*.



Following presentation of the Navy League's Nurse of the Year award, dignitaries gather for congratulations. Left to right: Helen Cupper, Navy League representative; Lt. Cmdr. Elizabeth Speece, award winner's wife; Lt. Cmdr. Daniel Speece, Naval Hospital, Oakland Nurse of the Year; Jack Giblin, president of Oakland Navy League chapter; Capt. Joan Glass, director of Nursing Services; and Capt. Alice Martinson, commanding officer of the hospital. (Photo by AN Deborah Davis)



Let freedom ring!

Hospitalman Sam Gunnells rings the ship's bell at Naval Hospital, Oakland in conjunction with the Bells-Across-the-Nation celebration marking the 200th anniversary of our Constitution. Sept. 18. Bells all over the country were rung simultaneously for 200 seconds at 1 p.m. PDT. (Photo by AN Deborah Davis)

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CFC Campaign kicks off

The Combined Federal Campaign of the Bay Area (CFC) was kicked-off on Saturday, Sept. 12, at the Oakland Coliseum when the Oakland A's met the Kansas City Royals. "The game put the campaign and the Federal community in the spotlight from the outset," announced Michael Howland, CFC Chairman.

Federal employees representing the entire Federal community were on hand to join Howland, San Francisco District Director of the U.S. Small Business Administration, as he led the cheers for a winning CFC season.

One half of each adult game ticket purchased by federal employees was contributed back to the campaign.

This year's campaign theme is "Caring for Community," and the goal is to top last year's campaign revenues of \$3.1 million by a healthy 10 percent. There are other objectives for this campaign. "I want to see greater employee involvement at all levels of the campaign," says Howland, "and I would like to see Federal employees receive greater recognition for the caring people that we are."

Participating agencies range from the EPA, Postal Service and Veteran's Administration to the military and every agency in between. All together, there are over 85,000 Federal employees who will be asked to dig into paychecks and pockets to help the charity of their choice.

According to key fund raiser Judi Holley, a Social Security Operations Officer, "Even though our ranks have been reduced by six percent last year, we expect a tremendous response. That's because many of our employees, especially in the mid-income range, have a history of digging in when times are tough. They are our biggest contributors. The average employee gift is \$68, which amounts to a dollar or two from each paycheck, so it

really adds up. And, our people get to see the results of their charitable contributions right in their own neighborhoods. This campaign is unique in that employees can designate funds for any organization they choose."

Alternative to the traditional coffee can collection

The CFC has grown steadily since its inception in 1957 when President Dwight D. Eisenhower made an official declaration that charitable help among Federal employees must be organized beyond the traditional coffee can that was passed around to help communities during times of disaster and epidemics of any size.

The Federal Office of Personal Management was charged with developing policies and procedures. The result was an organized effort through local Federal Executive Boards which included high-ranking officers of the numerous agencies. The CFC Cabinet administers the campaign with the help of the "Principal Combined Fund Organization" which distributes the funds. This year the PCFO is the United Way.

1987-88 CFC funds, projected at 3.3 million, will go to such groups as the homeless, abused elderly, battered children, AIDS victims, environmental groups and many others in five Bay Area Counties including San Francisco, Marin, Contra Costa, San Mateo and Alameda.

According to Chairman Michael Howland, "It's important to give back to the community...and I'm proud of the way the Federal community gave back to the Bay Area last year through CFC. We have another terrific Cabinet this year, representing a lot of talent, leadership and ingenuity. We're going to work hard this year, exceed last year's revenues and have a lot of fun doing it!"

Bremerton begins JANGO program

by Lt. Cmdr. Linda Dysart

Naval Hospital, Bremerton, recently graduated its first group of JANGO (Junior Army/Navy Guild Organization of America) volunteers for the hospital staff.

JANGO performs voluntary work in military hospitals as nurse's aides. JANGOs are the sons and daughters, ages 14-19, of armed forces personnel. They provide those extras that make the patient's hospital stay pleasant.

JANGO was established after World War II to meet the great need of patient attendants. The wives of then Under Secretary of War and the Assistant

Secretary of the Navy invited a group of young women to discuss plans for community service. At that meeting JANGO was born.

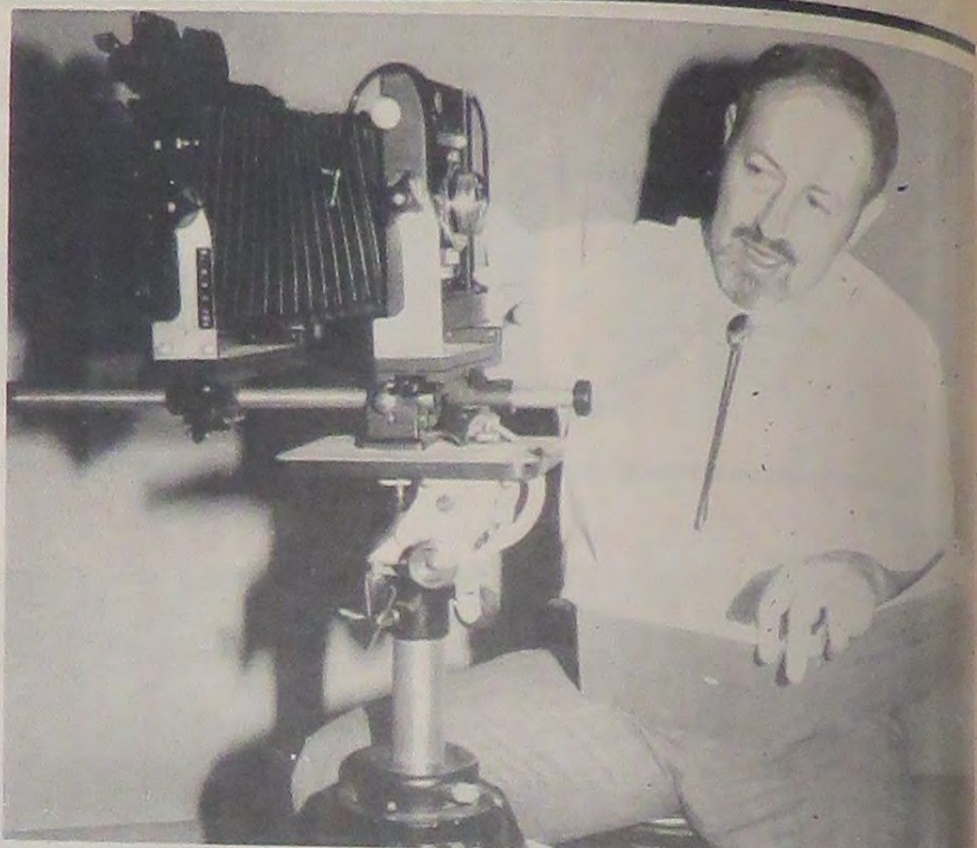
The major goal of JANGO continues to be the same it was back then, "to form a link between the military and civilian community in services rendered, and to train military sons and daughters in unselfish assistance to others, with a high standard of proficiency and accomplishment."

A JANGO becomes certified after completing Nurse's Aide instruction. This instruction includes both 24 hours of classroom study and 76 hours of supervised training on the wards.

The program at NAVHOSP, Bremerton, has been a huge success. The ten JANGOs in the first graduating class have demonstrated enthusiasm, dedication, and competency.

The JANGO program benefits all who participate: the volunteers themselves, patients, and hospital staff. The training and obligations of becoming a JANGO help foster a greater sense of responsibility and maturity in the volunteers. Furthermore, the program gives each volunteer necessary experience in the health care field that they can use in future career choices. The patients benefit from the care the volunteers provide. Furthermore, the hospital staff workload is significantly reduced with the help of the JANGOs.

The program will continue at Naval Hospital, Bremerton. Contact the hospital for further information.



NAVHOSP Oakland Civilian of Quarter

Herbert R. Queller, head, Biomedical Communications, Naval Hospital, Oakland, was recognized as the hospital's "Civilian of the Quarter" for May to July 1987 at a command awards ceremony held Sept. 11. For his special "Queller" brand of dedication and excellence in providing necessary audiovisual needs through countless hours of scripting, shooting and editing video for training tapes, he was also presented a Letter of Commendation from Capt. A. M. Martinson, Commanding Officer, Naval Hospital, Oakland.

Military pharmacies will computerize

New computer software designed to improve efficiency, speed services, and keep costs down will be instituted in most San Francisco Bay Area military pharmacies. This new computer software will be installed between September 26 and 27.

During this software change-over, these pharmacies can fill only prescriptions originating from within the medical facility from 4:30 p.m. Friday, September 25 until 12 noon, Monday, September 28.

These pharmacies will not be able to process any prescription refills, either brought or telephoned in, during this time. Patients are urged to have all refills prepared before September 24.

The following pharmacies are affected: Naval Hospital, Oakland; Naval Hospital, Lemoore; Letterman Army Medical Center; David Grant Air Force Medical Center; and Naval Medical Clinics at Alameda, Concord, Mare Island, Moffett Field, and Treasure Island.

Bay Area GEOCOM awards

Navy Commendation Medal

NAVMECOM NWR
Cmdr. Richard Hilderbrand
Lt. Cmdr. James Barrett
NAVHOSP OAKLAND
LNC Michelle Snider

Navy Achievement Medals

NAVHOSP OAKLAND
Lt. Timothy Monaghan
Lt. Lynn Jett
HM2 Susan Graham
HN Avalon Napier

Sailor of the Quarter

NAVHOSP OAKLAND
HM1 Robin Andersen

Letters of Commendation

NAVMECOM NWR

HM3 Robert Trojanowski

HM3 Matthew Jones

SKSN Richard Hankins

SN Daniel Green

SN Robert DeRossett

HN Walter Barney

NAVHOSP OAKLAND

Capt. Rainer Schmidt

Cmdr. Dorothy Schwartz

Lt. Cmdr. Paul Clifford

Lt. Cmdr. Hamilton Fish

Lt. Cmdr. Earl Mach

Lt. Cmdr. John Mullen

Lt. Cmdr. Lawrence Smyth

Lt. Jr. Gr. Arlene Lamb

LNCs Clarence Atterbury, Jr.

HMC Paulino Mangaran

HM1 Robin Andersen

DT1 Steven Andersen

HM1 Dale Jedrezejewski

MA1 Stephen Klocker

HM1 Rodel Maristela

HM2 Ronald Coleman

HM2 Sylvester Jackson

HM2 Stacy Niewiarowicz

HM2 Jose Ortiz

DT2 Rodel Ramos

HM2 Mariann White

HM3 William Mendoza

HM3 Timothy Ulrich

HN Felicia Jackson

HN Craig Pangborn

Herbert Queller

NAVMECOM

SAN FRANCISCO

HM1 Marie Evans

Letters of Appreciation

NAVMECOM NWREG

Lt. Cmdr. David Gustafson

Howard Thomas

Herb Lindeman

NAVHOSP OAKLAND

Lt. Cmdr. J. Burkus

Lt. Cmdr. M. Fogarty

Lt. Cmdr. M. Murphy

Ens. C. Congdon

HMCS Harvey Wehry

HMC Karen Allen

DT3 Rodelio Ramos

HM3 Carl Scalf

SN Gena Bach

HN Robert Beck

Advancements

To Lieutenant Junior Grade

NAVHOSP OAKLAND

Carol Blood

Laurie Navarro

To LNI

NAVMECOM NWR

Kenneth Roberts

Retirements

NAVHOSP OAKLAND

LNCs Clarence Atterbury Jr.

Good Conduct Awards

NAVMECOM NWR

HM1 Dwight Tazza

HM1 George McNamee

MM1 Leonard Lane

PN1 Dawin Tabligan

DT3 Howard Jordan

HM3 Luis Gracia

HN Joseph Chipman

NAVHOSP OAKLAND

SKC Maximo Caguioa

HM2 Douglas Forbes

HM2 Sylvester Jackson

HN Kenneth Shaw Jr.

Civil Service Awards

NAVMECOM NWR

Ruth Butterfield

Robert Jones

Celia Roseborough

Stella McIntyre

Clyde Stout

John Lyons

Louis Castillo

George Davidson

NAVMECOM

SAN FRANCISCO

Engelberto Villanueva

Amelia Brooks

Joseph Bosak

Paula Andrews

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Staff Photographer AN Deborah Davis

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Branch Hospital Adak

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Naval Reserves excel in EMT examinations

Photos by PH1 Alex Rochells



Hospital Corpsman 1st Class Allen Haws works on simulated victim, Hospitalman Roy Cassaday during triage training for reservists at Naval Air Station Fallon, Nevada.

Members of Naval Reserve NAS Fallon Branch Clinic 120 recently recorded the most outstanding performance of any military or civilian group to take the emergency medical technician (EMT) qualification course in the state of Nevada.

The individual class average on the Nevada state EMT final test was 86.62 percent, "the highest scores I have ever seen," said Bill Bauer, the Assistant Director for the state of Nevada Emergency Medical Service, following the end-of-course evaluation.

Bauer believes that the Fallon Branch Clinic 120 class is the first that has had the entire class score over 80 percent on the state final EMT exam. The overall class average scored by the Fallon Clinic reservists was 95.5 percent.

The NAS Fallon Branch Clinic 120 reservists are participating in a Navywide medical program that has a goal of having 100 percent of all medical personnel EMT qualified.

The emergency medical technician certification, which satisfies both the Navy and the state of Nevada requirements, came during the Fallon reservists' recent 17-day active duty for training period. Completing the EMT course in just 17 days is, in itself, a feat. It takes most civilian groups about four months to complete the same course, according to the instructor, Chief Petty Officer Steve Lytle.

The certification effort by the Fallon Clinic 120 unit marks the first time that any reserve group in the west coast Readiness Command has accomplished this training as a whole unit. Previously,

individuals went in groups of two or three to a local hospital to take the civilian course. Not only is this a long process, it is difficult for unit members to get free from their civilian occupations for the length of time needed to complete the course.

The EMT course could be easily accelerated for the reservists because most of the unit members work in medical-related fields.

Naval Reserve NAS Fallon Branch Clinic 120's mission in the event of mobilization is to provide the air station branch clinic a highly trained force of hospital corpsmen and a flight surgeon to augment or relieve active duty personnel.

In addition to classroom and field training provided in the EMT course, the Fallon reservists were required to stand a six-hour shift after duty hours with the NAS Fallon Branch Medical Clinic emergency after-hours crew. The EMT students were required to go on any ambulance response, assist with screening and treating incoming patients, and complete a full tour of the emergency room with hands-on use of all equipment.

Lieutenant Commander Velda Solomon, Naval Reserve NAS Fallon Branch Clinic 120 Executive Officer and a prenatal nurse at Roseville, Calif., Community Hospital, was among the many individuals in the unit that spoke highly of the training in the EMT course.

"It's different than in the hospital," Lt. Cmdr. Solomon related about the EMT training. "In the field there are no backup systems and it is you and your partner."



Hospital Corpsman Gina Croxen checks a patient during an extraction exercise. HM2 Croxen took part in the recent EMT training for Naval Reserve NAS Fallon Branch Clinic 120.



Hospital Corpsman 3rd Class Doug Maisey Jr. simulates how a slightly wounded medic can still administer health care.



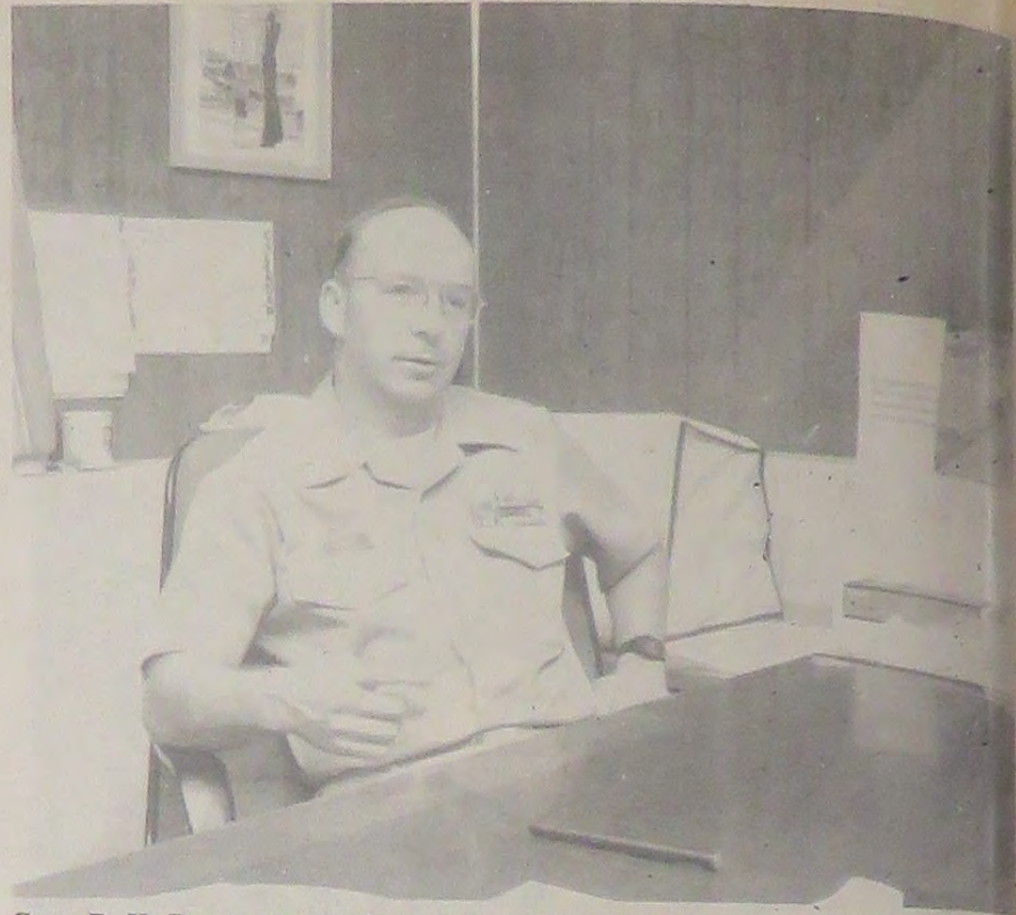
Lieutenant Commander Slavonic checks a training victim before calling team members to the scene to transport the victim to safety.

(Right)
Class members show
off EMT patches





Lt. June Rogers (l) of NRNH 720 Oakland monitors blood pressure and other vital signs.



Capt. R. H. Brant, commanding officer of Naval Hospital, Lemoore, said he and his staff are extremely pleased with the professional skills and "can do" assistance provided by members of Naval Reserve Naval Hospitals 720 Oakland and 0190 Lemoore.

Naval Reservists assist

continued from page 1

operate weekend OB/GYN and Well Baby Clinics at the Naval Hospital, Lemoore.

The benefits associated with the Navy Reserve drill modification were many. First, the Reserve personnel saw patients and were able to work within the hospital environment instead of receiving classroom training. Second, the Reserve personnel reduced some of the workload of the active duty staff. Third, and most important, patients who could not make clinic appointments during the week due to work or some other circumstance, were able to get an appointment and be seen on the weekend.

Commander Deborah Nelson, NC, Commanding Officer of the Naval Hospital, Oakland 720 Reserve unit expressed the pride and satisfaction her unit members take in receiving this type of training, and providing this type of

support. "It is an opportunity for us to contribute directly to the Navy's medical mission, and to apply our medical training and skills."

Cmdr. Nelson is a Nurse Practitioner with the Salinas, Calif. Choice Medical Group.

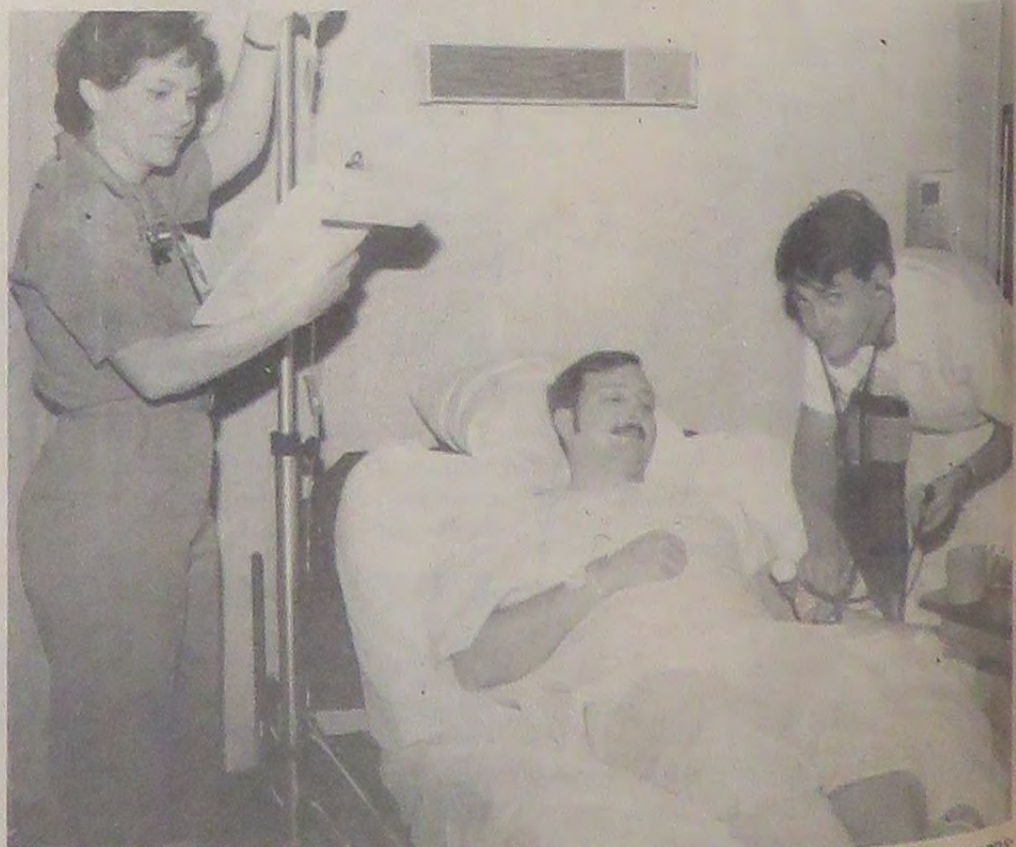
Other unit members commented on their experience at Naval Hospital Lemoore.

Lieutenant June Rogers, a Surgical Ward Nurse at the Monterey Community Hospital said, "Duty at Naval Hospital Lemoore is a valuable experience. It is an opportunity to work in a unique hospital environment (smaller more isolated facility). I am really impressed with the highly motivated professional hospital staff here."

Hospital Corpsman 3rd Class Patel Nitinkumar, a microbiologist for Smith and



Lt. Cmdr. Kenneth Bird, a physician of NRNH 0190 Lemoore, listens to a patient describe symptoms during consultation.



Lt. j.g. Denise Regis (l), nurse, and HR Rodeny Ebadypour (r), general duty corpsman, of NRNH 720 Oakland, team to handle routine care of a patient during weekend rounds in a Naval Hospital, Lemoore ward.



Cmdr. Deborah Nelson (r), commanding officer of NRNH 720 Oakland, puts a patient at ease in the OB/GYN clinic.

Lemoore patient care

Kline, travels to Pacific Grove from Los Angeles to perform his monthly reserve drills. He has a masters degree in microbiology. He said, "Coming here provides me with a wide variety of training. It helps develop more confidence."

Lt. j.g. Denise Regis comments on her duty at Naval Hospital, Lemoore, "It is an important opportunity which meets the needs of the hospital by reducing the workload of the active duty people. I enjoy working in a smaller hospital."

Lt. j.g. Regis is an ICU nurse at Monterey Community Hospital.

One active duty staff member of the Naval Hospital Lemoore, Hospitalman Second Class Pamela Hodnett, helped the Reserve unit set up the OB/GYN clinic, and volunteered to be onboard for the weekend drill. "I really appreciate the

support of the Reserves. They take a big burden off active duty staff members."

HM2 Hodnett screened incoming patients and monitored the appointment schedule.

The Naval Hospital Oakland 720 Unit was joined on Sunday of the drill weekend by the Reserve Unit that augments the Naval Hospital, Lemoore. The Lemoore reserve unit operated a Well Baby Clinic. One young mother was heard commenting, "I am so glad we could make this appointment on the weekend. I don't know what I would do. I have to work, and my husband is deployed. This was really a good idea."

"...Give them a real chance to work as a unit without having to simulate opportunities. The best way to do that is to give them patients to work with." That's what Capt. Brant says. It works.

photos by JOC M.D. McGougan



HM2 Marta Trump (l), an emergency medical technician of NRNH 0190 Lemoore, checks ambulance medical supply inventory with HM3 Tony Day, an active duty EMT.



Lt. Stephen Naylon (l), a pediatric nurse practitioner of NRNH 0190 Lemoore gives mother Mrs. Sharon Mulhern advice about the care of her son, Troy.



HM3 Louise Wade (r) of NRNH 0190 Lemoore takes blood pressure during OB/GYN patient screening.

End Note

Motorcycle safety—Navy policy to save lives

OPNAVINST 5100.12D includes requirements for motorcyclists. The Navy's intention is to save lives. But to ride safely on the nation's highways, you need more than safety equipment. You need skill, experience, knowledge and foresight. A guardian angel riding on your shoulder helps too. But, since most guardian angels don't like getting their wings ruffled, motorcyclists need to look out for themselves. The following points should help.

• Navy policy requires motorcyclists to wear long-sleeved shirts, long pants, gloves (with fingers), hard-soled shoes

with heels, and helmets with property attached face shields.

• Take the required motorcycle safety courses, and pay attention. You can never learn too much about riding safely, and no matter how long you've been riding, you'll usually learn something new.

• OPNAVINST 5100.12D requires you to ride with your light(s) on. This increases the odds that other motorists will see you, and it's the ones who don't see you who'll kill you.

• Ride in the center left or center right of traffic lanes. Avoid riding dead center, where an oil slick about a foot wide is

lurking.

• Look ahead for obstacles such as dropped mufflers, discarded bottles and cans, potholes and speed bumps.

• Always keep your eyes moving. Scan constantly. Watch the traffic ahead of you, behind you and to the sides, including traffic on side streets. If you're enjoying the scenery, you're probably not paying enough attention to the job at hand—getting from point A to point B in one piece.

• Anticipate what other drivers might do—from cutting into your lane while you're in it to crossing an intersection

you're going through at the time.

• Remember that the speed of small vehicles is deceptive. And no matter how big your ride is, it's small compared to cars. Most drivers will have difficulty gauging your speed; usually you'll be approaching much faster than they think.

• Don't take corners too fast, especially on wet roads.

• Know your motorcycle—its capabilities and limitations.

• Know your own limitations. Don't become over-confident. No matter how good you are, your fellow travelers will always provide exciting situations that will test your abilities.

Michigan honors NAVMEDCOM mom

by JOC Mike McGougan

"This is just the frosting on the cake. I was pleased to win, but it wasn't necessary. When I see things getting better, projects coming to fruition, that's my reward."

Mrs. Harriet Arnowitz, mother of *Norwester* editor Jonathan Arnowitz, made the comment upon learning recently she was among 150 Michigan women selected to receive "First Lady Awards."

The award, which is bestowed by Paula Blanchard, wife of Michigan Governor James Blanchard, is in conjunction with the state's year-long sesquicentennial (150th birthday) celebration, according to the *Norwester* editor.

A resident of Oak Park, Mich., Mrs. Arnowitz was chosen for the honor because of her 36 years of contributing her time and energy to her community and to residents of Michigan "without fail and without fanfare."

Mrs. Arnowitz and the other 149 honored women will share the title "First Lady" of Michigan with Mrs. Blanchard. The Michigan Women's Commission selected the 150 women from the state's 83 counties to recognize volunteers statewide who have given their time to community-service organizations.

The Oak Park City Council issued a proclamation in August to recognize the statewide honor won by Mrs. Arnowitz and to thank her for "her dedicated service to the welfare of our community."

"The first ladies are supposed to be unsung heroines who've not had any public acclaim," the *Norwester* editor said. "My mother has been involved in community cultural, human relations and religious organizations as well as school, boy and girl scout activities for as long as I can remember. She has also participated in numerous charity drives throughout the years, even when she wasn't in the best of health."

"It's really great that she's received this recognition."

A book honoring the accomplishments of the award-winning women is to be distributed to Michigan schools and libraries for future generations, Mrs. Arnowitz's son Jonathan added proudly.

The First Ladies will be personally presented their awards by the governor's wife at a luncheon Nov. 9 in the Radisson Hotel in Lansing.

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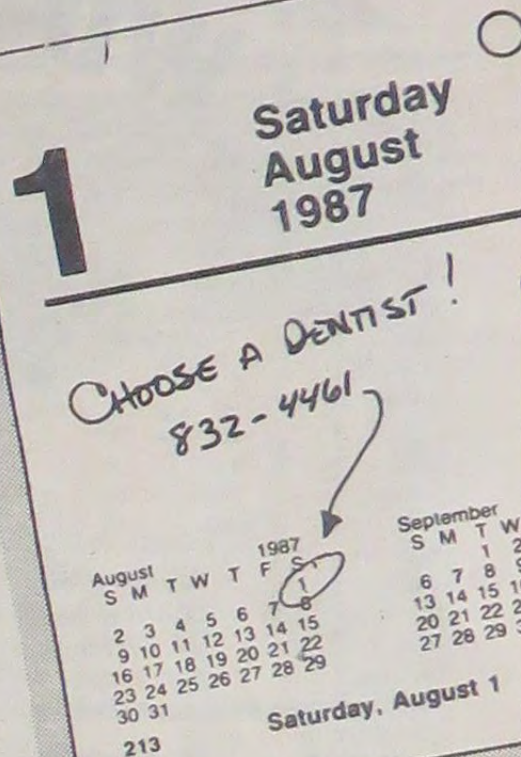
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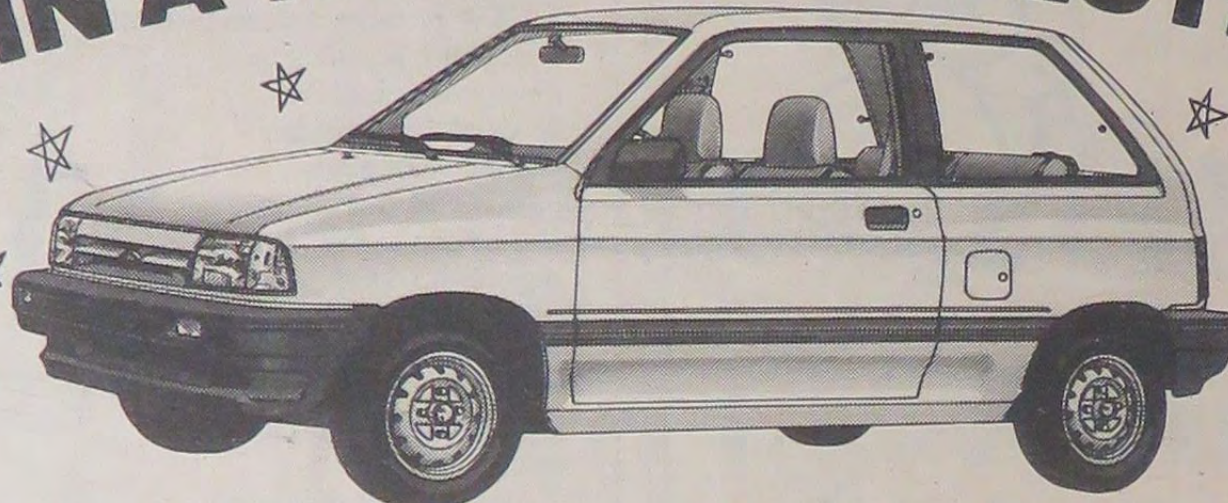
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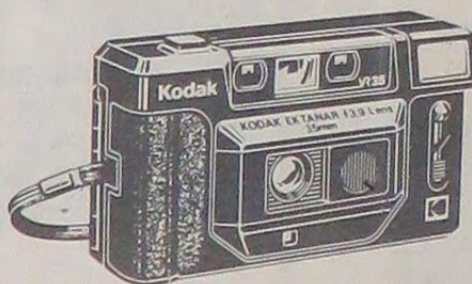
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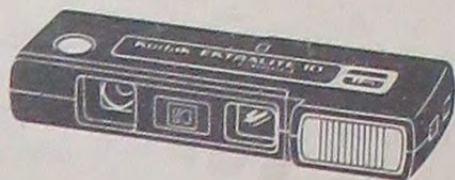
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Norwester

CHAMPUS announces new pay system

On Oct. 1, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) began a new way of paying for most inpatient hospital care in the 50 states, the District of Columbia and Puerto Rico. The CHAMPUS diagnosis-related group (DRG) payment system is designed to reduce costs to CHAMPUS families and taxpayers.

Under the new system, CHAMPUS would pay hospitals a preset price for inpatient costs for covered services based on diagnosis, regardless of the actual costs of care they provided. In general, the new payment system will result in lower payments to hospitals for care provided under CHAMPUS.

Since Jan. 1, 1987, federal law has required that hospitals participating in Medicare, and almost all do, must also accept the CHAMPUS allowable charge as total payment. The new CHAMPUS DRG system will save money for CHAMPUS families because when overall hospital charges are lower, the beneficiary's share of that cost is lower.

For each admission to a hospital subject to the DRG system, all beneficiaries other than active-duty dependents would pay only a fixed, daily amount, no matter how expensive the care. Although the exact amount of the flat, daily payment has not yet been established, it is expected to be about \$130. Active-duty families would continue to pay \$25 for each admission or a daily fee, whichever is greater.

Under the new CHAMPUS DRG system, hospitals would be paid a fixed rate for treating beneficiaries with the same diagnosis. The fixed rate is an

amount based on the average of what it costs to treat patients in each diagnostic category, no matter how long they stay in the hospital. Patients are classified into groups based on the principal diagnosis (the main reason for being admitted to the hospital), the kind of operation or procedure, age, sex and discharge status (whether a patient has been released from the hospital, has been transferred or died in the hospital).

Hospitals would be encouraged to provide quality, necessary care in an economical way. If the hospital's costs exceed the CHAMPUS DRG amount, it loses money; if the costs are less than the DRG amount, the hospital saves money. But CHAMPUS patients who need a longer hospital stay because they are sicker than the average patient would not be required to go home before they're ready. The CHAMPUS DRG system would make allowances for more serious illness.

The new CHAMPUS DRG payment system would not affect certain services, such as psychiatric and substance abuse services, kidney acquisition costs, and heart and liver transplants. And certain hospitals, such as psychiatric, long-term care, rehabilitation, sole community and cancer hospitals, Christian Science sanatoria and distinct parts of a hospital providing psychiatric, rehabilitation and alcohol and drug services, would not be affected.

CHAMPUS conducted a DRG demonstration project in South Carolina from September 1984 through August 1985. Following a thorough evaluation of



Navy League adopts hospital

The Oakland Council of the Navy League of the United States formalized a relationship that is decades old by adopting the Naval Hospital, Oakland, on Sept. 18. Jack Giblin, council president (center) presented a plaque, and with Navy League/Hospital Liaison Helen Cupper (left), presented a ship's wheel clock to the hospital's commanding officer, Captain Alice Martinson (right). Capt. Martinson accepted the gifts on behalf of the hospital, expressing her appreciation for the many years of support. The gifts will be proudly displayed in the hospital lobby. The Oakland Council sponsors the nurse of the year award, decorates the hospital for the holiday season, has supported the USNS Mercy homecoming, as well as honored past sailors of the year. (Photo by Howard Thomas)

the project, CHAMPUS decided to change its cost-share policy for dependents other than active-duty in

order to protect those beneficiaries from excessive charges identified in some cases during the South Carolina project.

Birthday, Fleet Week promises great fun in S.F.

This week features the annual Fleet Week and Navy birthday festivities in San Francisco. The San Francisco community traditionally welcomes sailors and Marines in uniform during Fleet Week with specials on tickets, meals, etc. for people in uniform. Uniform for "Fleet Week" is the dress uniform.

Saturday, Oct. 10
10:45 a.m.—Fleet Week 1987 arrival festivities begin

11:15 a.m.—Fleet Week Battle Group arrives, parade of 16 ships under Golden Gate Bridge. Parachute flag jump. Antique aircraft show. Personnel are en-

couraged to view the parade from Crissy Field, Marina Green, Aquatic Park, Fisherman's Wharf, or the Marin Headlands.

11:55 a.m.—Aerial Acrobatic Act
12:15 p.m.—Parachute Team Jump
12:30 p.m.—Blue Angels Air Show

3 p.m.—Visiting on board selected ships at San Francisco piers. Small boat rides at pier 43.

Sunday, Oct. 11

8 a.m.—Fleet Week Challenge 5-mile run/walk, from Crissy Field to Pier 30/32.

9 a.m.—Ships berthed at Pier 30/32 of-

fer general visiting for the runners and their supporters.

10 a.m.—Fleet Week doubleheader softball game at Big Rec Field, Golden Gate Park, San Francisco City Fire and Police Department vs NORCAL Navy Regional Softball champions and runners-up. Also, general visiting aboard all ships at San Francisco piers.

Noon—San Francisco Columbus Day Parade

Monday, Oct. 12

Noon—Navy Birthday Luncheon co-hosted by the San Francisco Navy League at the Fairmont Hotel.

7 p.m.—Rock concert featuring the Dynatoners, open to all Navy, Marine and Coast Guard personnel in uniform and their guests.

9:15 p.m.—Fireworks display at Pier 30/32

Tuesday, Oct. 13

9 a.m.—"Just say no to drugs" program aboard the USS Belleau Wood.

6:30 p.m.—Fleet Week Navy Ball hosted by the City of San Francisco. Open to all Military personnel E-9 and above.

Wednesday, Oct. 14

11:30 a.m.—COMREL Shipboard Luncheons

Thursday, Oct. 15

9 a.m.—Ships depart.

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race, creed, color, national origin or sex of the patron. A confirmed violation or rejection of this policy of equal opportunity by the advertiser will result in the refusal to print advertising from that source. Reader contributions and comments are heartily solicited. Norwester's editorial deadline is 3 p.m. Wednesday for publication Friday of the following week.

News

Yom Kippur, time to reflect

by Jonathan Arnowitz

Jews all over the world recently celebrated the coming of a new year on the high holidays of Rosh Hashanah and Yom Kippur. The holidays are the most important because this period is set aside to reflect upon life, to seek atonement for sins and also to grant atonement to those who have wronged you.

In fact, it has been pointed out that at this time seeking atonement from others is more important than seeking forgiveness from G-d. The reason, as Rabbi David Nelson put it, is because "you can seek G-d's forgiveness anytime, for he is everywhere. Family, friends and colleagues, however, can move away, can get out of touch, or can die." Seeking forgiveness from others and granting forgiveness to those who have wronged you are a major part of the high holidays.

The medical field, which is traditionally a field dedicated to mercy, cannot overlook so important a principal whether its members be Jew or Gentile. Its application to Navy Medicine can be very striking.

The recent voyage of the USNS Mercy on its humanitarian and training mission to the Philippines signified the caring and the compassion Navy Medicine can give.

On the voyage no one asked patients their political ideology, their beliefs, or their allegiance. In the words of Lieutenant Commander Daniel Speece, a ward nurse aboard the Mercy, "it was pure patient care."

Now the challenge is can we continue with "pure patient care" at home as well as abroad. A question to ask yourselves might be, "What can I do to continue the spirit of the USNS Mercy voyage?" I can point out one of many ways.

Look back on your individual lives; each of you can see people that you have offended "both openly and secretly, both by word and by deed," to quote one Yom Kippur prayer. This is not the time to forgive and forget, it is the time to forgive and be forgiven. And when in that reflective state of people you have offended don't forget to observe yourselves. For forgiving one's own self can be just as important.

NWREG medals awarded



Commander Richard L. Hilderbrand (left) has a Navy Commendation Medal pinned on by Captain T. F. Levandowski, Commander, Naval Medical Command, Northwest Region, during an awards ceremony at the Officers' Club Sept. 10. (Photo by AN Deborah Davis)



Commander G. R. Brown (left), medical service corps health care assignment officer in Washington, D.C., presents a Navy Achievement Medal to Ensign Anthony C. Cardinale III, during a visit to Naval Medical Command, Northwest Region, on Sept. 8. (Photo by AN Deborah Davis)



New AAMA Chapter chartered

Captain T. F. Levandowski (left), Commander, Naval Medical Command, Northwest Region, and Northern California Metropolitan Director of the American Academy of Medical Administrators (AAMA), presents a gavel to the president of the newly chartered Northern California Chapter of AAMA, Donald Watson (right). Watson also installed the chapter's new officers: Lieutenant Commander James Ayers, vice president; H. Deiter Zimmer, treasurer; and Captain James L. Smith, secretary/parliamentarian. The next chapter meeting will be held at the National Convention/Convocation in November. For more information, contact the chapter public relations chairman, Howard Thomas, at (415) 633-6017. (Photo by Howard Thomas)

Management technique key to working success

by Wanda Cappello

There are a variety of techniques in management. All are important and serve a useful purpose. Few are able to stand alone, while some should be incorporated with portions of other techniques for greater success. This integration of methods prevent a supervisor from being "half a manager."

One successful technique is the informal "management by walk-around." This walk-around can be the one minute each day that managers look into the faces of the people they manage. Or this walk-around can be a visit to the work areas to determine the mood or atmosphere: whether the unit is cheerful and working like a well-oiled machine or works stiff and tense like a stalled engine. When a supervisor says, "I sense there is something wrong, what seems to be the problem here?" and the response is "No problem here," this may be the first sign of a problem.

Spend one minute a day in the "gathering places" to greet employees informally. This meeting is an opportunity to listen to comments on their happy events, their gripes, and their pet peeves; their desires, their fears and their worries. Develop personal interest in your workers. You may learn that there are unusual family circumstances which may be affecting the unexplained difficulties one is experiencing on the job. Learn the names of their children, even whether they have pets.

Don't hesitate to praise employees verbally in private and in the presence of their peers. Such praise bestows an important, if intangible, reward.

Make an effort also to dispense the tangible reward: a personal handwritten note, letter of appreciation, commendation, or cash award. Many appreciate recognition either publicly or privately.

Managers should realize there is value in knowledge, caring and compassion.

Another management technique is called management by participation. This management technique uses a more

hands-on method in the workplace.

Management by participation involves spending time with employees at the beginning of new tasks and aid with goal setting in key areas of responsibility. Each worker should understand what precisely are their responsibilities. Once the worker understands the job, the manager should always make sure the employees know what entails good performance. Precise performance standards will illustrate to the employee what the manager expects.

The best manager never plays "gotcha!" Rather, a good manager helps people reach their full potential. These managers catch their workers doing something right!

Which brings up another management technique called the autocratic manager. This management technique can prove to be a barrier to building a smooth-running, efficient unit.

Autocratic managers make decisions for other people. Prospective workers for autocrats seem to be interviewed and hired for their mental abilities. However, once on the job, the autocrat seems to want only the physical labor those workers can provide.

Under autocratic rules some employees become demoralized. They despair and become less productive due to stress while the quality of their work declines. They suffer illnesses where good health was once the norm. Contrarily, people who feel positive about themselves increase productivity. It is a manager's obligation to aid the workers in feeling good about themselves.

To summarize, effective supervisors manage themselves as well as their employees so that both the organization and the people profit from their skill in management. Furthermore, these techniques which in tandem make the ideal working condition where confidence and compassion take precedence over obedience and coercion.

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Commander CAPT. T.F. Levandowski
Public Affairs Officer H.G. Thomas
Editor Jonathan S. Arnowitz
Editorial Consultant JOC Mike McGowan
Staff Photographer AN Deborah Davis

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson
AV: 317-692-4178
Branch Clinic Stockton
HMCS G.W. Chaska
AV: 466-7445/6
Branch Clinic Alameda
HM3 Richard Demerest
(415) 869-4314



Lieutenant Commander James M. Barrett III, staff civil engineer for Naval Medical Command, NWREG, received a Gold Star in lieu of a second Navy Commendation Medal during a command awards ceremony on Sept. 10. (Photo by AN Deborah Davis)

Nixon, Kissinger and Federalist 69's relevance

by Jonathan Arnowitz

One of the many ingenious inventions of the Constitution is the creation of a head of government with broad powers, yet without the threat of autocracy or tyranny.

There are many who would say that the president as commander-in-chief has been an autocrat. That he can sidestep the separation of powers to singlehandedly declare a war.

However, for a president to declare war is an abuse of executive powers. The president can act only in concordance with the "advise and consent of the Senate." Furthermore, the Congress alone can authorize money for a military operation.

Nevertheless people point out that the president can act autocratically and call these instances constitutional failures. Contrarily, these are, in fact, constitutional successes because in its own characteristically moderate and level headed manner, the actions of would be autocrats was halted and rebuked by the

Congress.

One notable "constitutional failure" comes to mind: the secret bombing of Cambodia. The bombing of Cambodia was a decision by the executive, President Richard Nixon, and his chief National Security Council advisor, Henry Kissinger.

The bombings started in very small raids, but by the time the missions were in full swing, according to William Shawcross in his book *Sideshow*, there were 3,630 raids against suspected communist sanctuaries in Cambodia.

One major reason for the secrecy is they did not want the Cambodian Prince Norodom Sihanouk to know. Prince Sihanouk wanted to maintain neutrality in the Vietnam War in order to protect his country from invasion. Therefore it was decided to keep the operation in absolute secrecy, even from the Senate.

Now, on one level the constitutional failure here is that the bombing actually took place. However, the constitutional victory is that the president encountered

broad checks upon his exercise of power. Not least are the military who could not help but question the legalities of being ordered to lie about their mission coordinates. The officers, trained in the value of honor, could not help but question who would order them to falsify records. These men owed their allegiance to their constitution and country.

Furthermore there were members within the executive branch itself that informed Congress of the activities because they opposed them. When the administration first found out about the leaks in the administration they proceeded to wiretap government officials' telephones, breaking in to psychiatrist offices and other activities that were to be the first charges of what we now call the "Watergate Scandal."

Congress was last to respond. As the major check on the executive powers, they rebuked the president and eventually forced his resignation. Furthermore, the outrage of the American people also acted as a catalyst for moderation. For

example, when the bombing became public, Nixon, bowing to public pressure, cut back the bombing missions.

The bombing of Cambodia illustrates that although the president has broad powers; he is nevertheless checked by the authority of the people and the Constitution. A president can try and impose his will, but in the end he must come to terms not only with Congress but with the American people. President's are then expected to use their power to execute the collective will of the government. When they do not execute the will of government, but rather their own, they are liable to be forced to resign, be impeached, or lose their credibility as President of the United States of America.

Printed below are excerpts from Federalist 69, where 200 years ago, Alexander Hamilton anticipated how a president can act with great powers in a limited government. In our next issue we shall study the Constitution's Judiciary and in December we will conclude with a look at the Bill of Rights.

The limited presidential powers: Federalist 69

I proceed now to trace the real characters of the proposed executive as they are marked out in the plan of the Convention. This will serve to place in a strong light the unfairness of the representations which have been made in regard to it.

President not a King

The first thing which strikes our attention is that the executive authority, with few exceptions, is to be vested in a single magistrate. This will scarcely however be considered as a point upon which any comparison can be grounded; for if in this particular there be a resemblance to the King of Great-Britain, there is not less a resemblance to the Grand Signior, to the Khan of Tartary, to the man of the seven mountains, or to the Governor of New-York.

That magistrate is to be elected for four years; and is to be re-eligible as often as the People of the United States shall think him worthy of their confidence. In these circumstances, there is a total dissimilitude between him and a King of Great Britain who is an hereditary monarch, possessing the crown as a patrimony descendible to his heirs forever; but there is a close analogy between him and a Governor of New-York, who is elected for three years, and is re-eligible without limitation or intermission.

President answerable to the Law

The President of the United States would be liable to be impeached, tried, and upon conviction of treason, bribery, or other high crimes or misdemeanors, removed from office; and would afterwards be liable to prosecution and punishment in the ordinary course of law. The person of the King of Great-Britain is sacred and inviolable: There is no constitutional tribunal to which he is amenable; no punishment to which he can be subjected without involving the crisis of a national revolution. In this delicate and important circumstance of personal responsibility, the President of confederated America would stand upon no better ground than a Governor of New-York, and upon worse ground than the Governors of Virginia and Delaware.

The President of the United States is to have power to return a bill, which shall have passed the two branches of the legislature, for re-consideration; but the bill returned is to become a law, if upon

that re-consideration it be approved by two thirds of both houses. The King of Great Britain, on his part, has an absolute negative upon the acts of the two houses of Parliament. The disuse of that power for a considerable time past, does not affect the reality of its existence; and is to be ascribed wholly to the crown's having found the means of substituting influence to authority, or the art of gaining a majority in one or the other of the two houses, to the necessity of exerting a prerogative which could seldom be exerted without hazarding some degree of national agitation.

Commander-in-Chief Limitations

The President is to be the "Commander in Chief of the army and navy of the United States, and of the militia of the several States, when called into the actual service of the United States. He is to have power to grant reprieves and pardons for offences against the United States, except in cases of impeachment; to recommend to the consideration of Congress such measures as he shall judge necessary and expedient; to convene on extraordinary occasions both houses of the Legislature, or either of them, and in case of disagreement between them with respect to the time of adjournment, to adjourn them to such time as he shall think proper; to take care that the laws be faithfully executed; and to commission all officers of the United States." In most of these particulars the power of the President will resemble equally that of the King of Great-Britain and of the Governor of New-York. The most material points of difference are these—First; the President will have only the occasional command of such part of the militia of the nation, as by legislative provision may be called into the actual service of the Union. The King of Great-Britain and the Governor of New-York have at all times the entire command of all the militia within their several jurisdictions. In this article therefore the power of the President would be inferior to that of either the Monarch or the Governor. Secondly; the President is to be Commander in Chief of the army and navy of the United States. In this respect his authority would be nominally the same with that of the King of Great-Britain, but in substance much inferior to it. It would amount to nothing more than the supreme command and direction of the military and naval forces,

as first General and Admiral of the confederacy: while that of the British King extends to the *declaring* of war and to the *raising* and *regulating* of fleets and armies; all which by the Constitution under consideration would appertain to the Legislature. The Governor of New-York on the other hand, is by the Constitution of the State vested only with the command of its militia and navy. But the Constitutions of several of the States, expressly declare their Governors to be the Commanders in Chief as well of the army as navy; and it may well be a question whether those of New-Hampshire and Massachusetts, in particular, do not in this instance confer larger powers upon their respective Governors, than could be claimed by a President of the United States. Thirdly; the power of the President in respect to pardons would extend to all cases, except those of impeachment.

Presidential Pardon

A President of the Union on the other hand, though he may even pardon treason, when prosecuted in the ordinary course of law, could shelter no offender in any degree from the effects of impeachment & conviction. Would not the prospect of a total indemnity for all the preliminary steps be a greater temptation to undertake and persevere in an enterprise against the public liberty than the mere prospect of an exemption from death and confiscation, if the final execution of the design, upon an actual appeal to arms, should miscarry? Would this last expectation have any influence at all, when the probability was computed that the person who was to afford that exemption might himself be involved in the consequences of the measure; and might be incapacitated by his agency in it, from affording the desired impunity? The better to judge of this matter, it will be necessary to recollect that by the proposed Constitution the offence of treason is limited "to levying war upon the United States, and adhering to their enemies, giving them aid and comfort," and that by the laws of New-York it is confined within similar bounds. Fourthly; the President can only adjourn the national Legislature in the single case of disagreement about the time of adjournment. The British monarch may prorogue or even dissolve the Parliament. The Governor of New-York may also prorogue the Legislature of this State for a limited time.

Treaties and the executive

The President is to have power with the advice and consent of the Senate to make treaties; provided two thirds of the Senators present concur. The King of Great-Britain is the sole and absolute representative of the nation in all foreign transactions. He can of his own accord make treaties of peace, commerce, alliance, and of every other description. It has been insinuated, that his authority in this respect is not conclusive, and that his conventions with foreign powers are subject to the revision, and stand in need of the ratification of Parliament. But I believe this doctrine was never heard of 'till it was broached upon the present occasion. Every jurist of that kingdom, and every other man acquainted with its constitution knows, as an established fact, that the prerogative of making treaties exists in the crown in its utmost plenitude; and that the compacts entered into by the royal authority have the most complete legal validity and perfection, independent of any other sanction. The

Executive appointment powers

The President is to nominate and with the advice and consent of the Senate to appoint Ambassadors and other public Ministers, Judges of the Supreme Court, and in general all officers of the United States established by law and whose appointments are not otherwise provided for by the Constitution. The King of Great-Britain is emphatically and truly stiled the fountain of honor. He not only appoints to all offices, but can create offices. He can confer titles of nobility at pleasure; and has the disposal of an immense number of church preferments. There is evidently a great inferiority, in the power of the President in this particular, to that of the British King; nor is it equal to that of the Governor of New-York, if we are to interpret the meaning of the constitution of the State by the practice which has obtained under it. The power of appointment is with us lodged in a Council composed of the Governor and four members of the Senate chosen by the Assembly. The Governor *claims* and has frequently exercised the right of nomination, and is *entitled* to a casting vote in the appointment. If he really has the right of nominating, his authority is in this respect equal to that of the President, and

Navy celebrates birthday

Oak Knoll— Norwester takes a look back in history

compiled by AN Deborah Davis

To celebrate Navy Day, Oct. 13, 1987, it might be interesting to recall some significant events that have happened in the Navy and the Northwest Region during the past 40 years as reported by the *Oakleaf* newspaper, predecessor to the *Norwester*.

In the 1947 editions, the following was reported:

July 1—Oak Knoll celebrated its 5th birthday. With the exception of nurses, the base was predominantly male until the first three "WAVES" (Women's Auxiliary Volunteer Emergency Service) reported on board. In July a WAVES Corps School was established.

August 30—Adoption of the tuberculin skin test for the entire Navy.

September 6—All service personnel will have to pay income taxes as of January 1, 1949.

October 25—Oak Knoll leads in bed capacity of all the Naval Hospitals. It is suggested that all sailors make an effort to wear their uniforms off base and to speak before their home town high school whenever possible on their authorized leaves.

November 1—The Staff Enlisted Recreation Center opened. It was mentioned that all military personnel are to be in the uniform of the day when going to the club, even when off duty, and a senior hospital corpsman was to be present to keep good order and discipline in the center.

In the 1952 editions, the following was reported:

July 5—Oak Knoll celebrated its 10th birthday by having a luncheon at the Officers' Club attended by all the staff and military people that were at Oak Knoll when it first opened.

July 30—The WAVES celebrated their 10th anniversary by taking a cruise on the USS Antietam out of Treasure Island and around the bay.

August 16—Secretary of the Navy Dan Kimball said at the keel laying of the USS Forrestal that he hoped it would be possible for the third or fourth Forrestal-class aircraft carrier to be propelled by atomic power. The nuclear-powered USS Enterprise became the fourth Forrestal-class carrier.

October 18—The hospital ship USS Haven returned from a combat tour of Korea. Many of the people on the ship were former Oak Knoll staff members.

December 18, 1959—Captain Paul Spangler, MC, USN, Ret., was selecting more than 1,000 volunteers to run the hospital ship USS Hope, which would be a traveling hospital and training school for medical personnel.

January 25, 1964—Hospital ships were also in the news when the Sanctuary went to Colombia and Haiti for a "Mercy" type

mission. Many of the medical personnel had to get to their patients on land by riding burros.

In the 1967 and 1968 editions, the following was reported:

June 30, 1967—Oak Knoll celebrated its 25th birthday and reported on a MUST system (Army Medical Unit Self-Contained, Transportable) evaluation. This system allowed a small shelter to be converted in minutes for use as an operating room, X-ray, pathology, or central sterilizing room. After modifications were made by doctors at the hospital this unit would see action in DaNang.

Between 1967 and 1968 the *Oakleaf* wrote various articles and pictures on the building of the Naval Hospital, Oakland with a final edition celebrating the opening of the hospital in grand style on June 29, 1968. Construction began with a ground-breaking ceremony on December 7, 1965 with a cost of \$14,000,000. Senator Thomas H. Kuchel spoke at the ceremony and remarked: "Here, in this new Naval Hospital, a grateful nation will be able to minister to the needs of her fallen service sons better than before. Oak Knoll is, and has been, a proud name, with a proud history." He continued, "Those services will now continue and expand in this modern naval hospital."

April 26, 1968—Then governor of California Ronald Reagan and his wife Nancy visited patients at Oak Knoll. Before, during and after, Oak Knoll has been visited by many famous personalities like Bing Crosby, Bob Hope, Lucille Ball and Desi Arnaz, Doris Day, Ernest Borgnine, Louis Armstrong and even Jack Benny.

In the 1970s through 1979 the following was reported:

January 1, 1973—The Naval Regional Medical Center, Oakland was established. The purpose of this new organization was to guide and direct the San Francisco Bay Area Navy Health Care Delivery System. The area covered in this command are military bases from NAS Moffet Field to Naval Station Treasure Island.

June 14, 1974—New families reported to Navy housing on Oak Knoll with families moving in as quickly as units became available.

March 3, 1979—With the gas shortage in full swing, the Commanding Officer, Rear Admiral Walter M. Lonergan, reduced the hours the base service station would be open. "What we're trying to do," Rear Adm. Lonergan explained, "is to inconvenience the fewest for the shortest time, in the least painful way."

And now, in 1987, we are a Geographical Command covering 13 states and 42 facilities from Adak, Alaska, to Lemoore, Ca. and San Francisco to Omaha, Nebraska.

CO's Navy Day message
(Oak Leaf, Oct. 25, 1947)

Commanding Officer's Navy Day Message

Today the Navy's strength and scientific progress are on display aboard ships and at shore stations throughout the country in observance of Navy Day. Interesting exhibits of equipment have been set up in public squares so that civilians may see at first hand the tools with which our Navy works during war and peace.

Here at Oak Knoll, gates will be open to the public on Navy Day, October 27, and at that time we shall display the weapons with which the medical corps guards against infection and combats disease. Less ostentatious than guns and guided missiles, but equally vital are our weapons—medicines and the knowledge to administer them, surgical instruments and the skill to use them. Here, where hostilities never cease, it is our privilege and our duty to guard the health of the men who guard the peace of our nation.

Let us continue to fulfill this, our chosen duty, in such a way that credit will be reflected on the Navy and the medical profession.

C. A. BROADDUS
Captain, MC, USN
Medical Officer in Command

New Building Climbing

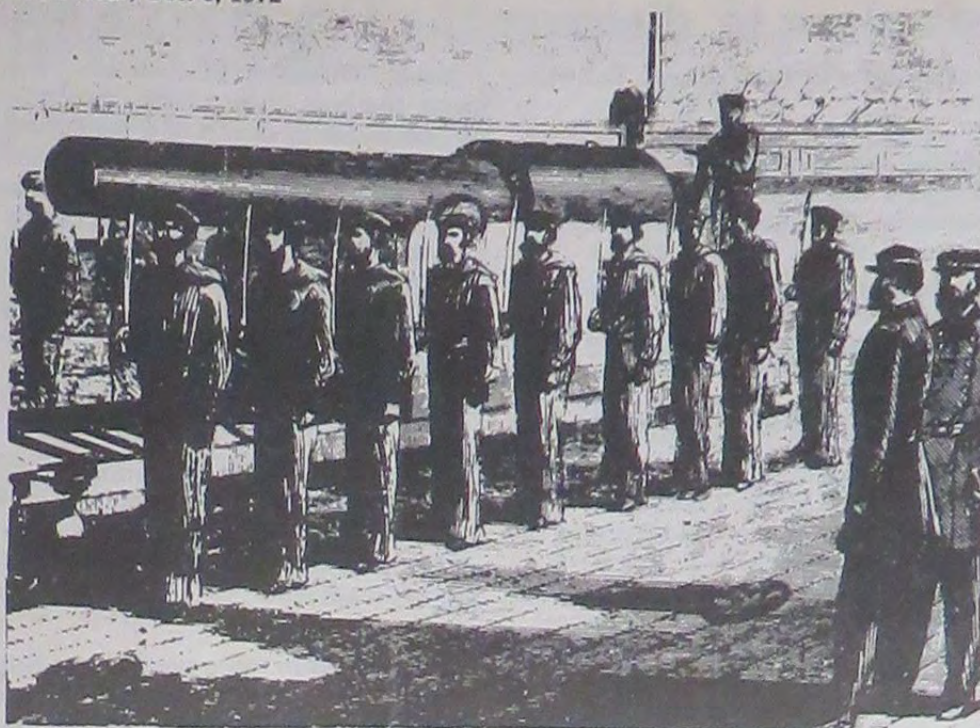


GOING UP! Slowly but surely the new building which appear much like a picket fence as it rises will be three panels or 33 feet higher than the left rear, dwarfed by the camera angle, was the floor. When construction started it was based on the drop from the third- to the second-floor access to mechanical room spaces. As of 1 February the new building was 33 feet high. The Chief Petty Officer in Charge of Construction.

OKIE



Chief Petty Officers never stop "squaring away" their people. (Oak Leaf, Oct. 25, 1987)



MEN WANTED FOR THE NAVY!



All able-bodied men not in the employment of the Army, will be enlisted into the Navy upon application at the Naval Rendezvous, on Craven Street, next door to the Printing Office.

H. K. DAVENPORT,
Com'r. & Senior Naval Officer.
New Bern, N. C.,
Nov. 2d, 1863.

Vol. 11, No. 30

UNITED STATES NAVAL HOSPITAL, OAKLAND, CALIFORNIA

Saturday, 26 July, 1952

WAVES Mark Tenth Birthday



Pictured above are the hospital's enlisted and officer WAVES who gathered on the steps of the Administration Building just a few days before the tenth anniversary of women's service in the Navy. (First row): LTJG Norma M. Brown, SC, disbursing officer; Pauline Lemich, HMC, X-ray; Judy Kleiner, HN, OPD, Ann Badolato, HM3, occupational therapy; Virginia Hughes, HN, physical therapy; Barbara Stevenson, HM3, women's ward 40B; Marion E. Cramer, CWO, physical therapy. (Second row): Joan Frazee, HN, NP ward 56; Dorris Linsea, JOSH, OAK LEAF; Dolores Davies, HN, women's ward 40A; DeChantel Hoefner, HN, nursery; Gertrude Wentzel, DKSA, disbursing; Bobbie O'Neal, HN, ward 75B. (Third row): Joyce (Meyer) Baker, YNCA, physical evaluation board; Bonnie Kerr, HN, obstetrics; Rhea Miller, HM3, nursery; Gwen Mirasol, HN, OPD; Shirley Gore, HN, obstetrics; Yolande Belheumer, HA, nursery. (Fourth row): Kathryn McCormick, HN, nursery; Donna Mattox, HM3, OPD; Edith Rush, HMI, X-ray; Rita Moore, HM3, X-ray student; Irma Heidell, HM3, OPD. (Back row): Flora Reando, HMI, electrocardiography; and Arlene Normington, HMI, NP ward 55. LCDR Lila Sulter, MSC, research facility, WAVE representative at Oak Knoll, was not present when this picture was taken.

USS ANTIETAM Cruise Scheduled

Wednesday, July 30, will mark the tenth anniversary of the WAVES.

This is the tenth year that women have served as a part of the Navy, and the ninth year that they have served at Oak Knoll.

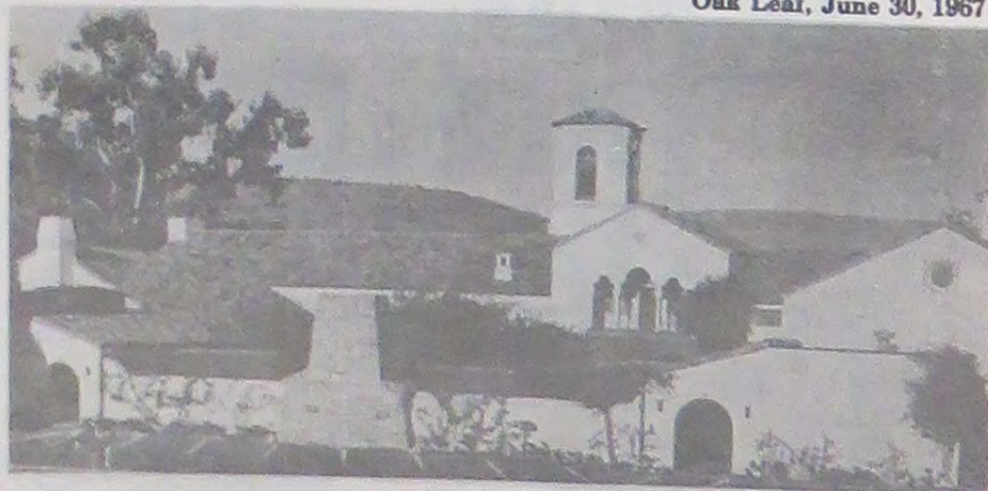
In February of 1943 the hospital's first three WAVES added their names to the staff lists. Five weeks later came ten more WAVES, and one officer. The complement steadily increased until October of 1945, when Oak Knoll boasted 355 enlisted women and 24 women doctors and officers.

They were at first assigned to duty only in offices and departments, but increased numbers and a corps school gradually furnished personnel for direct ward duty. There is hardly a department on the compound that has not had a WAVE on its muster lists at one time or another, since the first three women reported aboard.

Today, the tenth anniversary finds 34 enlisted WAVES, three officers, and one warrant officer, serving in 18 different jobs and departments at Oak Knoll. With the exception of two yeomen, a disbursing clerk, and a journalist, all the enlisted women are in the Hospital Corps.

Oak Knoll's WAVES will observe July 30 as a regular work day, but a group of them will participate in a TV...

Oak Leaf, June 30, 1967



When the Navy bought the Oak Knoll Golf and Country Club in February 1942, this handsome Spanish-style clubhouse was part of the package. The first staff, a mere handful of officers, enlisted men, and civilians, took over one of its rooms for office space. No provisions had been made for serving meals, and CAPT F. E. Porter, Commanding Officer, provided a percolator and personally brewed noonday coffee for himself and fellow "brown-baggers."

The Hospital's Future?

At the anniversary luncheon, Captain Gordon spoke of the hospital's past, crediting members of the civilian and military staffs for making it the fine activity it is today.

He spoke of the hospital's future, telling of long-range plans that include eventual building of a steel and concrete hospital on the hill above the amphitheater—a permanent structure that could be erected on that particular site without disrupting the work of the present hospital. He also indicated that Oak Knoll may one day become the Navy Medical Center of the West.

Oak Leaf, June 28, 1952

Oak Knoll Naval Hospital, Oakland complex, 1942

Oak Leaf, Feb. 3, 1967



reaching skyward. The topmost pre-cast wall panels, reach to the seventh-floor level. The finished building point shown in this photograph. The big crane at Saturday so that it is now supported on the third floor the first floor. It will be raised once more. place. The concrete retaining wall at right is at placement openings in foreground provide outside access, according to CDR J. E. Wright, CEC, Resi-



End Note

NWREG library—a great place to discover the U.S. Navy's history

by Robert Bernhardt

The General Library contains over 100 volumes on the U.S. Navy. In honor of the Navy's birthday, the following books were selected as a sampling of the collection. (Note: Books with "R" designation are reference books, and do not circulate.)

Beach, Edward L. *The U.S. Navy: 200 Years*. Hold, 1986. Thomas Clancy, author of *The Hunt for Red October* called this "The best book yet from the finest

naval author of this generation." Call No.: 359B

Dictionary of American Naval Fighting Ships. Naval Historical Center, 1959-1981, vols. 1-8. Historical sketches of America's fleet. Arranged alphabetically by name of ship. Call No.: R623.8

Johnson, Louanne. *Making Waves*. St. Martin's, 1986. "What it takes to be a woman in this man's Navy." Call No.: McN B Johnson.

Mack, William P. *Command at Sea*. Naval Institute Press, 1982. Discourse and mechanics on the art of commanding Navy ships of today. Call No.: 359M

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Potter, E.B. *Nimitz*. Naval Institute Press, 1976. From impoverished Texas boyhood to Naval Academy midshipman to Commander in Chief of the Pacific

Fleet in World War II, Admiral Nimitz's exciting life culminated in his appointment as Chief of Naval Operations. Call No.: 359P

Stafford, Edward. *The Big E—Story of the USS Enterprise*. Random, 1962. Commanded at one time by the famous "Bull" Halsey, this aircraft carrier was considered by many historians to be the most effective flattop during World War II. Call No.: 359S

The General Library on the Northwest Region compound is located in Bldg. 101, down the hall from the U.S. Post Office. Authorized users of the library are military personnel, retired military, staff civilians and dependents. Phone: 633-6127.

O' Club offers good food, place to relax

Members of the active duty/retired officer community and eligible civilians at Naval Medical Command's Northwest Region complex in Oakland don't have to go far to find a pleasant retreat from everyday chores.

Whether looking for a palate-pleasing luncheon break, a weekly social get-together with colleagues in convivial after-hours ambience, or an excellent party catering facility—the Commissioned Officers' Mess has it all.

The staff of the Commissioned Officers' Mess, or the "O' Club as it is more commonly referred, is ready to serve, according to Catering Manager Cindy Huston.

Luncheon specials are served at the club Monday through Thursday from 11:30 a.m. to 1:30 p.m. and Fridays 11 a.m. to 1:30 p.m. The daily specials are: Monday: Chef salad, crab or shrimp loaves; Tuesday: New York steak; Wednesday: Steak fajitas; Thursday: Chef's choice; Friday: Seafood platter.

"We offer a delicious salad bar consisting of green garden salad with all the fixings, fresh fruit and soup of the day," Huston added.

Social hour, or more accurately a "socializing session" takes place in the Galleon Room every Friday from 4 to 8 p.m. with an assortment of complimentary hors d'oeuvres.

The "O' Club has a reputation for providing excellent catering facilities and services for wedding receptions, retirements, birthdays, reunions and holiday get-togethers.

"We still have space available for holiday luncheons and brunches, and some evenings open, for the October to January season," explained Huston. "Now is the time to make your arrangements and place your reservations."

Huston said she is willing to assist any individual or group in making party plans, and may be contacted at 633-6401 Monday through Friday from 8:30 a.m. to 5 p.m.

Hamilton: Federalist 69

continued from page 3

exceeds it in the article of the casting vote.

The President of the United States would be an officer elected by the people for four years. The King of Great-Britain is a perpetual and hereditary prince. The one would be amenable to personal punishment and disgrace: The person of the other is sacred and inviolable. The one would have a qualified negative upon the acts of the legislative body: The other has an absolute negative. The one would have a right to command the military and naval forces of the nation: The other in addition to this right, possess that of declaring war, and of raising and regulating fleets and armies by his own authority. The one would have a concurrent power with a branch of the Legislature in the formation of treaties: The other is the sole possessor of the power of making treaties. The one would have a like concurrent authority in appointing to offices: The other is the sole author of all appoint-

ments. The one can infer no privileges whatever: The other can make denizens of aliens, noblemen of commoners, can erect corporations with all the rights incident to corporate bodies. The one can prescribe no rules concerning the commerce or currency of the nation: The other is in several respects the arbiter of commerce, and in this capacity can establish markets and fairs, can regulate weights and measures, can lay embargoes for a limited time, can coin money, can authorize or prohibit the circulation of foreign coin. The one has no particle of spiritual jurisdiction: The other is the supreme head and Governor of the national church! What answer shall we give to those who would persuade us that things so unlike resemble each other? The same that ought to be given to those who tell us, that a government, the whole power of which would be in the hands of the elective and periodical servants of the people, is an aristocracy, a monarchy, and a despotism. Publius.

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Quote of the Week

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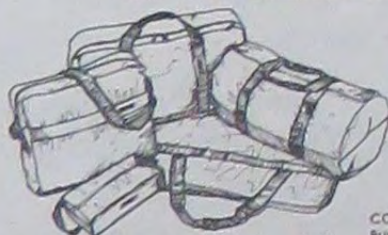
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CNO sets goals: Navy Medicine readiness, care to all

by Admiral C.A.H. Trost, USN
Chief of Naval Operations

Each visit I make to a ship or shore station invariably brings up several questions from our people about medical care. I would like to talk with you about this issue, and about what we are doing to improve our medical care program in the years ahead.

The principal goal of Navy medicine is to maintain the highest possible state of readiness that will ensure prompt, effective medical care of combat and support forces in time of conflict and meet medical care requirements for active duty personnel, their dependents and our retired community. Title 10 of the U.S. Code provides for in-house dependent and retiree health care on a *space available* basis, and this fully supports what I believe is the Navy's moral obligation to provide medical care to *all* Navy beneficiaries. The CHAMPUS and NAVCARE programs are efforts to extend the umbrella of quality medical care, particularly in areas where military installations are non-existent or not able to meet the demands of all beneficiaries. The Navy also provides *direct* health care at its own facilities for unique and specialized medical requirements of Navy beneficiaries. This direct care permits increased medical professional development and proficiency across a wide spectrum of medicine.

The quality of Navy medical care over the years has remained exceptionally high. Our standards for physicians, nurses and other health care people seeking to enter the Navy match the highest in the nation. Our hospitals are required to meet and do meet the same strict accreditation standards as civilian hospitals. Although we now face certain reductions by Congress in our personnel and budgetary plans, quality care is not something Navy medical professionals will compromise when your family's health is involved.

Improved physician-patient contact is a primary goal of every Navy doctor and contributes significantly to top quality Navy medicine. Access to this excellent health care is not only the primary con-

cern of Navy families, but also of the Navy's leadership. I am fully committed to improving it.

The access problem for dependents and retirees has arisen for three reasons. First is growth of the beneficiary population at the same time we have been revitalizing the Navy. Not only has the number of uniformed personnel increased, but there has also been an accompanying rise in the dependent population. In fact, the number of Navy families has grown by nearly 63,000 since 1981. On top of that, the number of retirees continues to grow, thus adding greater requirements.

The second factor which has lessened dependent and retiree access to Navy medical facilities is the necessary support to operating forces. With the growing size of our Navy, and with an increased emphasis on medical combat operations support, the intensity of readiness training and frequency of deployments for medical providers and ancillary staff increases. The result is a reduction of available services to shore-based beneficiaries.

The final reason for decreased access is a direct result of our quality assurance program. Efforts to ensure high quality care have resulted in a lesser number of patients seen by physicians. Unfortunately, we haven't been able to add more doctors to overcome this aspect of the access problem.

The health care access problem is a challenge and requires judicious allocation of resources to achieve a long-term solution. A simple infusion of personnel and money is not the answer if it does not sufficiently improve the health care structure to answer the needs of our medical beneficiaries. We should establish a system which will be better insulated from the changing circumstances we might face in the future.

One such effort to better serve Navy medical beneficiaries is plans to supplement active duty personnel at our medical treatment facilities with civil service and contractor personnel. This will increase service to dependents and retirees and also improve wartime readiness by allowing more Navy medical professionals to focus on critical areas



Admiral C.A.H. Trost

such as surgical skills. Additionally, in an effort to make physicians and other health care providers more available to patients, we have authorized 411 clerical positions in our various hospitals. More positions will be considered in the future as continuing studies dictate.

Another initiative to improve access to primary care is the NAVCARE clinics. These clinics provide free primary care and prescriptions. After overcoming some initial growing pains, we now have four of these successful clinics in operation now. Six more are planned for next year, and four more each year until we have 26 units on line. The six additional NAVCARE clinics in the budget for next year will provide 540,000 out-patient visits for dependents and retirees.

For years CHAMPUS has been the backbone of our ability to provide medical

please see page 2

Adm. Jeremiah new CINCPACFLT

On Sept. 30, Admiral David E. Jeremiah relieved Admiral James A. Lyons Jr. as Commander in Chief, U.S. Pacific Fleet, in ceremonies aboard the USS Antietam at the Naval Station at Pearl Harbor.

Adm. Jeremiah is the 22nd admiral to lead the Pacific Fleet since the command was established in 1941.

A native of Portland, Or., he graduated from the University of Oregon in 1955. Adm. Jeremiah received his commission through the Officer Candidate School in 1956. He holds a master of science degree in financial management from George Washington University.

The new Pacific Fleet commander was previously director of the Navy Planning Program in Wash. D.C. His sea commands include the USS Preble, Destroyer Squadron 24, and Cruiser-Destroyer Group Eight where he directed the capture of an Egyptian airliner carrying the hijackers of the cruise ship Achille Lauro.

Past blood recipient sought by DoD

by Evelyn Harris

The Armed Services Blood Program Office estimates that between 50-100 military members or their dependents may have received blood from HIV-infected donors between 1977 and 1985.

To find those who might unknowingly be infected, the Department of Defense started a tracing program. Anyone who received blood in a military medical facility between 1977-85 will be offered a chance to be tested in a military hospital. The names of recipients who are no longer DoD health care beneficiaries will be given to the appropriate state, local or host-nation health authority.

The Center for Disease Control in Atlanta has determined that 1977 is the earliest possible date a person could have been infected with the virus. In 1985, after the HIV blood-test was developed, the military tested all blood donations.

The DoD tracing program was established in conjunction with national civilian blood-collection agencies to ensure blood supply safety. Some people who presently test antibody positive may have tested negative before. Still others may have given blood before testing began and been infectious at that time.

Under the program, recipients who test positive will also be offered counseling on the significance of a positive antibody test and advised to reduce passing the virus on to others.

Information concerning positive findings will be provided to military preventive medicine officials and to public health authorities, if required by law. But officials emphasize that precautions are being taken to ensure privacy and limit the number of persons with access to the data.

There are also civilian test centers that guarantee total anonymity. These centers are often free or available for a small fee. To find out more about these centers or to just talk with someone about AIDS, you can call the National AIDS Hotline at 800-342-2437, or you can call the San Francisco AIDS Hotline at (415) 863-2437.

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News



HM1 Evans named SOQ for NAVMEDCLI, S.F.

Hospital Corpsman 1st Class Marie Evans was selected Naval Medical Clinic, San Francisco's senior Sailor of the Quarter for the third quarter of 1987.

X-Ray school certifies 17

Basic X-Ray School, Oakland, Class 87-006, graduated 17 students in a ceremony on Oct. 9 in the Clinical Assembly, Naval Hospital, Oakland.

The Graduates who completed the 12 weeks of instruction and their ultimate duty stations are as follows: Hospitalman William B. Breare, Branch Clinic, Sasebo, Japan; Hospital Corpsman 3rd Class Loren Brown, USS Texas (CGN-39), Alameda; Hospital Corpsman 3rd Class Jaime Colon, Naval Weapons Supply Center, Crane, Indiana; Hospital Corpsman 3rd Class Steven D. Dixon, USS Austin (LPD-4), Norfolk; Hospitalman Darnel Foote, USS Raleigh (LPD-1), Norfolk; Hospital Corpsman 3rd Class Daniel Hempeck, Branch Clinic, Little Creek, Va.; Hospitalman Sheryl McRae, Naval Hospital, Oakland; Hospital Corpsman 2nd Class Tamara Michel, Naval Air Reserve Center, Miramar; Hospitalman Mary Patchen, Naval Air Reserve Center, Norfolk; Hospital Corpsman 3rd Class Brian D. Peppin, USS Savannah (AOR-1), Norfolk; Hospitalman Kevin Pickell, Naval Hospital, New Port, Rhode Island; Hospitalman Crescencio Quilpa, Naval Hospital, Guam.

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Staff Photographer... AN Deborah Davis

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Persian Gulf activities emphasized Navy Energy Awareness Week

The Navy's tenth annual "Energy Awareness Week" (October 19 through 25) highlights the critical link between our national security and the availability of secure national resources.

There are obvious external security issues as well as internal energy security issues that need to be addressed this week.

The theme "Energy Security" is quite timely during increased naval operations in the Persian Gulf. Today many sailors are actively engaged in operations to keep both sea lanes open and oil supplies flowing throughout the world.

Energy security also has a message for Navy personnel everywhere. We live in a world where the work place has become increasingly energy dependent. At the same time many of our energy supplies are vulnerable to disruption from forces beyond our control.

Energy Awareness Week 1987 is an appropriate opportunity for all of us to reflect on how we would accomplish our jobs if our normal energy supplies were disrupted or cut off completely. We need to reaffirm in everyone's mind the need to use energy resources wisely.

Curbing contractor fraud, abuse

A new Navy project called Project BOSS (Buy Our Spares Smart) has been developed to encourage Navy military and civilian personnel to submit pricing inquiries to the Navy pricing hotline improving our spare parts management.

Personnel are encouraged to report all spare parts costs that appear excessive or unfair.

Price challenges that result in benefits to the Navy are eligible for cash awards.

In addition to awards given to Navy pricing hotline challengers, awards are also given to Navy employees for generating cost avoidance in spare parts procurements utilizing the three cornerstones of BOSS: competition, breakout, and fair and reasonable pricing.

There are many ways to accomplish

the above principles. We will give three examples. Breaking out from sole source to competition or actual equipment manufacturer. Increasing competition due to buyer's research of the marketplace and identifying new bidders. Buying in more economic quantities where appropriate, crossing part numbered requisitions to standard stock material and performing more aggressive negotiations.

The new Project BOSS benefits everybody. Benefitting the Navy, the employee and the work environment through improved efficiency. The new Navy program is a win-win proposal attempting to both catch exorbitant costs and rewarding those who catch them.



Hospital Corpsman 3rd Class Michael Patterson was named Naval Hospital, Oak Harbor Junior Sailor of the Quarter. Patterson was selected in part for his ability to competently perform duties in the Optometry Department normally requiring advanced ocular tech training; without this formal training, Patterson has learned these skills "on the job." HM3 Patterson also serves as the Optometry clinic patient contact representative, is an emergency Vehicle Operator Course instructor, has been an instructor for the command remedial physical fitness program, is the training Petty Officer for the outpatient clinic area, and works in the cast room when needed. Besides his hospital responsibilities, Patterson was selected for his superior performance in other areas. He received the highest score in his class in an emergency medical training course given at Naval Hospital, Bremerton.

Trost: Civilian doctors can meet CHAMPUS shortage

continued from page 1

services unavailable at our medical treatment facilities I mentioned earlier, will best serve everyone in the immediate future. I will continue to press for the resources which will best serve the health care needs of your families. With your help, and the assistance of Congress, we can improve our medical care system to provide you better access to quality care.

I am eager to hear your comments on our initiatives. Feedback from you will be a valuable tool as we continue to make improvements to our medical care system.

expenses will be lower than under CHAMPUS or in the private sector.

These planned initiatives have several benefits. Existing facilities will be more fully utilized; dependents and retirees will experience reduced expenses for health care; and accessibility to the health care system by dependents and retirees will be improved.

I have personally urged the chairmen of the appropriate Senate and House committees to consider our proposal for using contractor support as an interim step to help meet the current needs of the Navy's medical beneficiaries. This, for the



Waters retires after 29 years

Darnell Waters, Motor Vehicle Operator for the Naval Medical Command, Northwest Region, bids farewell to Transportation Director John McCole. Waters leaves after 29 years of service. Over the 29 years Waters safely transported more than 145,000 patients to the Naval Hospital, Oakland from Mare Island and Treasure Island.

Blood drive succeeds at OH

by Lt. Robert L. Vernon

The personnel of Naval Air Station Whidbey Island turned out in gratifying numbers supporting the Naval Hospital, Oak Harbor's continuing need for blood donations. Over 100 volunteers took time to give the precious "gift of life"—a pint of their own blood.

Of special note was the fact that CBU produced 21 hearty donors, over half of their total staff. The recently commissioned Naval Facilities provided the most donors, with 40 participants.

The Naval Hospital sponsored the blood drive in conjunction with the Madigan Army Medical Center Blood Bank. Madigan supplies the Oak Harbor facility with over 150 pints of blood each year.

The blood collected at Whidbey Island goes into a pool which supports military health care facilities throughout the northwest and all over the world should the contingency need arise.

Shortcomings with this program have been identified and the Department of Defense is actively pursuing measures for improvement. Ways to reduce out-of-pocket expenses, minimize administrative burdens and expand available services are all being explored. We have recently begun a complementary program to CHAMPUS, the Joint Health Benefits Delivery Program. Under this program, civilian doctors will perform CHAMPUS functions at Navy medical treatment facilities. There is still a deductible charge, but your total out-of-pocket

Features & Awards



Branch Clinic Seattle honors Magat

Dental Technician 1st Class Paul Magat Jr., proudly accepts a Letter of Commendation from Captain Billie Mason, commanding officer of the Naval Dental Clinic, Bremerton. The commendation came in recognition of DT1 Magat's nomination for Naval Medical Command Northwest Region Sailor of the Year.



Hospital Corpsman 3rd Class Jaime Troyano greets Winifred the Witch as she arrives at Naval Medical Command, Northwest Region headquarters quarterdeck in a Halloween mood. Winifred, a puppet creation of PAO Howard Thomas, normally is involved in theater productions when she is not out making an annual scene of herself in Halloween capers. (Photo by AN Deborah Davis)

Halloween haunts "O" Club fest

"Eye of Newt, Toe of Frog, Wing of Bat, Tongue of Dog."

Sound strange? Believe it or not, these are the primary ingredients in a brew now being concocted by a ghoulish Halloween "O" Club staff for the upcoming Northwest Region Officers' Club costume party in Oakland.

The "O" Club staff claims the brew promotes vim and vitality, and all attending the party and consuming the "special beverage" can expect their spirits to be lifted and enjoy good health throughout the holiday celebrations that follow.

All active duty/retired officers, eligible civilians and their guests are invited to attend the costume party Friday Oct. 30 at the "O" Club.

The fun will run from 7 p.m. to mid-

night and features the Blues Bros. (D.J.), professional dancers, comic sketch artist and an "all you can eat" smorgasbord.

There will be prizes for best costumes and jack-o-lanterns (for those who dare to bring theirs).

Cost will be \$7.50 per person and includes one free drink. Beer and wine will be only \$.75 a glass.

Party-goers should make advance reservations by contacting the "O" Club at 633-6401.

The club still has space available for holiday luncheons and brunches, and some evenings open for group parties during the season through January. Reservations can be made with Catering Manager Cindy Huston Monday through Friday from 8:30 a.m. to 5 p.m. by calling 633-6401.

Walstrom, have nurse will travel

Navy Relief program aids nurses, patients

When Ruth Wahlstrom makes a house call as the Visiting Nurse from the Navy Relief Society, she brings more than the resources of the worldwide NRS organization with her. This Michigan native also brings to the Visiting Nurse Program 23 years experience as a Navy Nurse.

From the mid-1950's until 1978, Ruth served in varying locations as a Navy nurse. In addition to serving aboard the hospital ship Sanctuary for 13 months off the coast of Vietnam, she has done tours of duty in Guam, Japan, and on both coasts of the United States.

Ruth's retirement from the Navy brought about a return to school. Since 1978, she has completed an undergraduate degree in psychology at Holy Names College. Taking course work at the University of California-San Francisco, she completed an undergraduate degree in Nursing Science, and a Master's Degree in Neuro-Science Nursing Speciality.

When asked to describe the job she has been on since March of 1985, Ruth paused for a moment, smiled and replied that if she were to have a theme song it would be "On the Road Again." She makes approximately 30 house calls and 100

telephone calls monthly in her position as Visiting Nurse for the Navy Relief Society.

One of the most important and useful services provided by Ruth as Navy Relief's Visiting Nurse is supportive teaching for first-time mothers. Subjects covered in home visits are infant care, feeding, growth and development, child safety, immunizations, WIC, information

please see page 5

Quote of the Week

For most of us, life is a series of evasions, pretensions, substitutes, and rationalizations. We do not see the world as it is but as a projection of ourselves, and so we are prisoners of delusions that hold us in their spell even after we become aware of their deceptiveness. Gradually pretensions are converted into certainties, rationalizations become entangled, and madness sets in.

So many people become the salesmen of their delusions. So few people are fully conscious of the non-finality of our here-and-now world.

—Abraham Joshua Heschel
Hasidic Theologian

Navy News details mishaps

1. E-3 on liberty was sunbathing. SNM stayed in the sun 3 to 4 hours. Nine days later he reported to sickbay with second degree burns and an infection on his lower left leg. SNM lost four work days.

2. BM3 was swimming at a beach. SNM member dove into the water off a pier and struck his elbow in the bottom resulting in a severe bruise.

3. An E-4 was driving a motorcycle at excessive speed. SNM tried to make a turn and lost control. His left foot hit the pavement fracturing the leg. Appropriate safety gear was worn. SNM lost four work days.

4. IC3 was driving a motorcycle along a parkway. SNM made a left turn and was hit by a car. He was thrown from the bike. His right foot had to be amputated. Helmet was worn. Permanent loss to the command, permanent disability.

5. MR3 was walking alone and was assaulted with a broken bottle. SNM's left eye was lacerated and it had to be removed. Permanent disability.

6. SM3 riding a motorcycle attempted a turn, failed, and hit a telephone pole. SNM was seriously injured and is in guarded condition.

7. IC2 went swimming in a pond. SNM

backed a pickup truck to the water's edge and lowered the tailgate. SNM made several dives from the tailgate. SNM slipped and entered the shallow part of the pond hitting his head on the bottom. SNM crushed two vertebrae and is paralyzed from the neck down.

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Doing our share

ISA: Solving world needs through the CFC

The problems of the world seems like an ominous concern, yet with just one donation to the Combined Federal Campaign's (CFC's) International Service Agencies (ISA) can be a major step to helping the world's hungry and sick.

The ISA is a federation of 34 distinguished, nonprofit American organizations which last year assisted 150 million impoverished people in over 100 countries worldwide.

In times of natural disaster, famine, and war, ISA agencies are there providing emergency food, water, medicine and shelter.

America has always been a leader in responding to the critical needs of its world neighbors whether in times of disaster, or in assisting with long-range projects—providing impoverished families with skills they need to become self-sufficient.

The ISA works in many areas of world need, among them: infant mortality, hunger, medicine, emergency aid, agriculture, refugees, education and jobs.

The ISA also works to provide clean and pure drinking water. The ISA stated that 80 percent of all diseases in the Third World are caused by dirty water. ISA member agencies help families to build and maintain fresh, clean water systems.

Here is just a sample of what even a small donation will do:

- \$5 saves the lives of 100 babies suffering from life threatening sickness through easily prepared packets of oral rehydration salts.

- \$8 gives one blanket for a refugee child.

- \$10 cures 250 children suffering from intestinal parasites.

- \$14 provides enough rice seeds for one village family for one year.

- \$15 provides a 30 hen feeder to begin a community poultry farm, providing eggs and protein-rich nourishment.

- \$20 saves the eyesight of a villager, by allowing him to seek glaucoma surgery.

- \$25 buys a year's books and school supplies for a child.

- \$50 feeds 1,000 refugee children.

- \$100 immunizes 20 children against six killer diseases: measles, tetanus, whooping cough, tuberculosis, diphtheria and polio.

- \$479 digs a clean water well for three villages, preventing devastating water-borne diseases.

Whether you can give \$5 or \$500, now is the time to show that we do not take our way of life for granted by giving, and giving dearly to the Combined Federal Campaign. The ISA is just one of hundreds of worthy organizations.



This little Cambodian refugee smiles after he's able to take a bath thanks to the soap and towel given in a basic needs kit

to his mother by CARE. He is one of thousands of Cambodians being helped by ISA organizations in refugee camps in Thailand.

Aid, advice fight hunger

Eligio Moreno is an onion farmer in Panama. His only resources are a few acres of land and a strong back. His children are social security for the future.

In 1971, Mr. Moreno joined his neighbors in forming a cooperative of onion growers. They wanted to secure title to their lands, gain access to credit, increase their production of onions, and the price they received for their crops. They called their group symbolically "La Libertad" ("Liberty"). Ten years later, it was still a disappointment to its members. No matter how hard they worked, the co-op continued to lose money, and no one could

explain the causes, much less the cure.

In 1982, Technoserve, a member of the International Service Agencies federation, was invited to review the operation and to discover the reasons for their losses.

Today, with Technoserv's advice and training, Mr. Moreno and his neighbors continue to work their way out of the cycle of poverty that entraps them.

Technoserve, and all ISA member agencies, are helping to better the lives of impoverished people like Eligio Moreno in over 100 countries worldwide.

Combined Federal Campaign points of contact, donor listings

To assist you in filling out your Combined Federal Campaign (CFC) forms we have included a list of your point of contact for the CFC, as well as instructions to the right on how to fill out your CFC donation form. Also, listed below are the numerous donors you can list specifically on your donor card. For local charities please see your command point of contact.

CFC points of contact for the Northwest Region are:

Naval Medical Command, Northwest Region: Lieutenant Commander Larry Kilgore and Lieutenant Junior Grade Karl Johnson, 633-6200;

Naval Dental Clinic, San Francisco: Lt. Cmdr. Milton Reynolds, 765-5684;

Naval Hospital, Oak Harbor: Lt. Cmdr. Paul Wentland, 679-5429;

Naval Hospital, Bremerton: Chief Hospital Corpsman John McQuade, 478-9385.

Naval Dental Clinic, Bremerton: Senior Chief Dental Technician David Crittenden, 476-3218.

Naval Hospital, Lemoore: Lt. David McNamaway, 998-4357.

Naval Medical Clinic, Seattle: Ensign S.A. Gregerson, 526-3823.

Naval Hospital, Oakland: Cmdr. Rodger Espiritu, 633-5461 and Cmdr. Robert Ridgeway, 633-5067.

Naval Medical Clinics Command, San

Francisco: Lt. Robert Burg, 765-5971.

International Organizations:

International Service Agencies (ISA)
ACCION International
African Medical and Research Foundation
Africare
American Ireland Fund
American Jewish World Services
American Near East Refugee Aid
CARE
Catholic Relief Services
Church World Services/CROP
Direct Relief International
Foster Parents Plan
Foundation for the Peoples of the South Pacific
Heifer Project International
Helen Keller International
International Eye Foundation
International Human Assistance Program
Institute for International Development
International Rescue Committee
Meals for Millions/Freedom from Hunger Foundation
Oxfam America
Pan American Development Foundation
Pearl S. Buck Foundation
Planned Parenthood—World Population Project
Project Concern International
Project HOPE
Project ORBIS
Save the Children
Technoserve's World Harvest Fund
Unitarian Universalist Service Committee
UNICEF—U.S. Committee for World Education
World Relief
World Wildlife Fund
National Organizations
Alzheimer's Disease and Related Disorders

AMC Cancer Research Center
American Diabetes Association
American Hearing Research Foundation
American Kidney Fund
American Liver Foundation
American Lung Association
American Paralysis Association
American Parkinson Disease Association
American Social Health Association
American Tinnitus Association
Amyotrophic Lateral Sclerosis Association
Arthritis Foundation
Association for Retarded Citizens
Autism Society of America
California State Hospice Association
Cancer Research Institute
City of Hope
Cooley's Anemia Foundation
Cystic Fibrosis Foundation
Damon Runyon-Walter Winchell Cancer Fund
Deafness Research Fund
Easter Seal Society of California
Endometriosis Association
Epilepsy Foundation of America
Huntington's Disease Society of America
Institute of Logopedics
Juvenile Diabetes Foundation
Leukemia Society of America
March of Dimes Birth Defects Foundation
Medic Alert Foundation
Mental Health Association in California
Muscular Dystrophy Association
Myasthenia Gravis Foundation, Inc.
National Alliance for the Mentally Ill
National Association for the Sickle Cell Disease
National Center for Prevention of Sudden Infant Death Syndrome
National Foundation for Ileitis and Colitis
National Hemophilia Foundation

National Jewish Center
National Kidney Foundation
National Multiple Sclerosis Society
National Parkinson Foundation
National Reyes' Syndrome Foundation
National SIDS Foundation
National Society to Prevent Blindness
National Spinal Cord Injury Association
National Tuberculous Sclerosis Association
Research to Prevent Blindness
RP Foundation Fighting Blindness
St. Jude's Children's Research Hospital
Tourette Syndrome Association
United Cerebral Palsy
The National Voluntary Health Agencies
National Service Agencies
LULAC National Education Service Centers, Inc.
National Committee For Citizens in Education
United Negro College Fund
American Council for Nationalities Service/International Social Service—U.S. Committee for Refugees
Big Brothers/Big Sisters of America
Children's Defense Fund
National Black Child Development Institute
National Child Labor Committee
National Committee for Adoption
National Committee for Prevention of Child Abuse
Food Research and Action Center
National Black United Fund
American Civil Liberties Union Foundation
Anti-Defamation League
The Martin Luther King Jr., Center for Non-Violent Social Change, Inc.
National Congress of American Indians Fund
The Seaman's Church Institute
Center for Auto Safety
Consumers Union

Combined Federal Campaign



Using gardens to help people

"I am happy to tell you that our village has another big garden," says Maima Joff, of Gambia. "Plenty onions, peppers and other vegetables are grown. Last year, the school had no garden because the well got dry. This year, Save the Children, a member of the International Service Agencies, is digging a big well for the school garden. I think next year our school garden shall get plenty water."

Mai lives in Moollet Bah with her family. When she is not in school, Mai helps her mother by bringing water to her in the field where the women grow corn, rice and millet. The men raise the peanuts which are Gambia's main cash crop.

Save the Children has encouraged the planting of gardens to provide a nutritious supplement to the poor diet of most of the people of Moollet Bah. The garden at Mai's school was a very successful one. Some of the vegetables are used to prepare the student's lunch and a portion was sold to raise money to buy school supplies—pencils, erasers, papers and uniforms—that are in chronic short supply.

The children, who took great pride in this garden, suffered a great setback last year when the school well completely dried up. Save the Children, however, helped to dig a new, better well to assure that their school garden will thrive again. Many of the children, like Mai, also

work on family gardens which have gained great popularity after the success of the school garden. "I usually go to farm after school and usually work my mother's vegetables at garden," says Mai. Families are able to sell the vegetables and save money to buy food and other things. Mai reports that her mother "will sell some and buy us new clothes and we will also eat some."

A small garden has gone a long way toward helping Mai and the other people of Moollet Bah to have a healthier diet, to say nothing of the great pride they take in their accomplishment. Save the Children is also working on improved storage facilities and introducing vegetable preservation methods so schools and families can get the most from every harvest both in the fields and gardens.

"I visited the demonstration farm at Crayfish River, and I saw vegetables planted on a number of beds. I also saw a tank being built. That tank will store water falling from the roof. I will like my father to build one like that at home because we have to go far for our water."

Save the Children, and all ISA member agencies, are helping to improve the lives of millions of poor children like Maima in over 100 countries worldwide. Your contribution to ISA through the Combined Federal Campaign does make a world of difference.

Instructions for donor cards

National Audubon Society
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The Wilderness Society
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Indian Law Resource Center
Lawyer's Committee for Civil Rights Under Law
Mexican American Legal Defense and Educational Fund
NAACP Legal Defense and Educational Fund

Native American Rights Fund
NOW Legal Defense and Education Fund
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Puerto Rican Legal Defense & Education Fund
NAACP Special Contribution Fund
United Black Fund of America
America the Beautiful Fund
Capital Legal Foundation
Gray Panthers Project Fund
National Council of La Raza
National Neighbors, Inc.

Instructions: STANDARD PLEDGE CARD

1. Print donor's last name
2. Print Social Security number
3. Print official duty station
4. Check appropriate number—this can be obtained from the unit's timekeeper per form from the employee's time and attendance statement
5. This figure shows the total payroll deduction amount paid. This may or may not be an exact pledge.
6. Check this box only if the contribution is an exact pledge.
7. Check this box only if the contribution is not an exact pledge.
8. This figure will show the total amount of contribution made by cash, check or money order.
9. Please enter the amount of deduction to be withheld from each paycheck. If the amount of contribution has not been preprinted, write in the amount in the blank box.
10. Use the agency directory to obtain code and enter agency code and the total amount of annual contribution.
11. Enter your agency designation.
12. This pledge card is signed
13. Pledge card must be signed for payroll deduction. Do not sign if contribution is made by cash, check, or money order.

End Note

Oak Knoll Wives' Club donates X-ray pads, plans bake sale

The Oak Knoll Naval Guild Officers' Wives Club is continuing a longtime tradition of support to Naval Hospital, Oakland with a benefit Halloween bake sale on Friday Oct. 30.

The sale, featuring a variety of fresh baked goods, will be held in the hospital lobby from 6:30 a.m. to 2 p.m.

Two donated x-ray pads were recently presented to Naval Hospital, Oakland, in the Oak Knoll officers' wives' latest gesture of support.

Mrs. Karen Alberto, representing the Oak Knoll Wives organization, made the presentation of the x-ray pads to Captain Alice Martinson, Commanding Officer of Naval Hospital, Oakland, and Commander Michael Little, Director of Ancillary Services.

In accepting the donation, Capt. Martinson and Cmdr. Little cited increased patient "comfort" as a prime concern of the entire staff at Naval Hospital, Oakland.

The x-ray pads were a personal donation from retired Navy officer and Mrs. Kaspary.

"The Oak Knoll Officers' Wives Club has been an active member of our com-

munity for more than 35 years and continues to strive for active membership to support Naval Hospital, Oakland and Naval Medical Command, Northwest Region," according to Mrs. Alberto.

In the past year, the wives club donated more than \$3,500 in cash and gifts to Naval Hospital, Oakland. The gifts included cots for the Pediatrics Ward, artwork for the Physical Therapy Department, a new typewriter for the Medical Library, funds for the Red Cross Day Care Program and \$1,500 for the scholarship program.

Other fund-raising events such as the club's 25th anniversary art auction held last April 25 brought in more than \$3,000.

The Officers' Wives Club conducts monthly meetings on the first Thursday. Upcoming social events include guest speakers discussing such topics as the history of the Bay Area and wine-making.

Officers' wives interested in joining the organization or desiring further information may contact Mrs. Catherine Burke, Vice President and chairman of the club's membership committee, at 522-1955.

Traveling nurse program extends care to the home

continued from page 3

for medical care, and other parent/child resources.

Ruth also conducts home visits by doctor's request for patients convalescing after hospitalization, and for geriatric patients requiring instruction and guidance in their medical care including blood pressure check, medication supervision, assistance in making appointments, information about community resources, and health care teaching for patient and families.

A current project Ruth is in the midst of is the development of a community resource file for family and individual health care needs. For the clients who use

her services, Ruth has a large network of military and community resources, including other NRS Visiting Nurses, medical, nursing, and social work professionals at the Naval Hospital, Oakland and dispensary at NAS Alameda, military chaplains, American Red Cross, Navy Family Service Centers, public health officials, and school nurses.

The Visiting Nurse Program is one of many services offered by the Navy Relief Society in its constant striving toward "Helping the Navy and Marine Corps take care of their own."

When not "on the road again," Ruth can be reached at 869-4188 or 869-4000. If out of the office, as she usually is, she returns calls at the earliest possible time.

HM-15 based at Alameda

On the first of this month the Naval Air Station Alameda received its first active duty air squadron in over a decade. Helicopter Squadron 15 landed four of its MH-53E Sea Dragons at Hangar 39, the new home for the squadron.

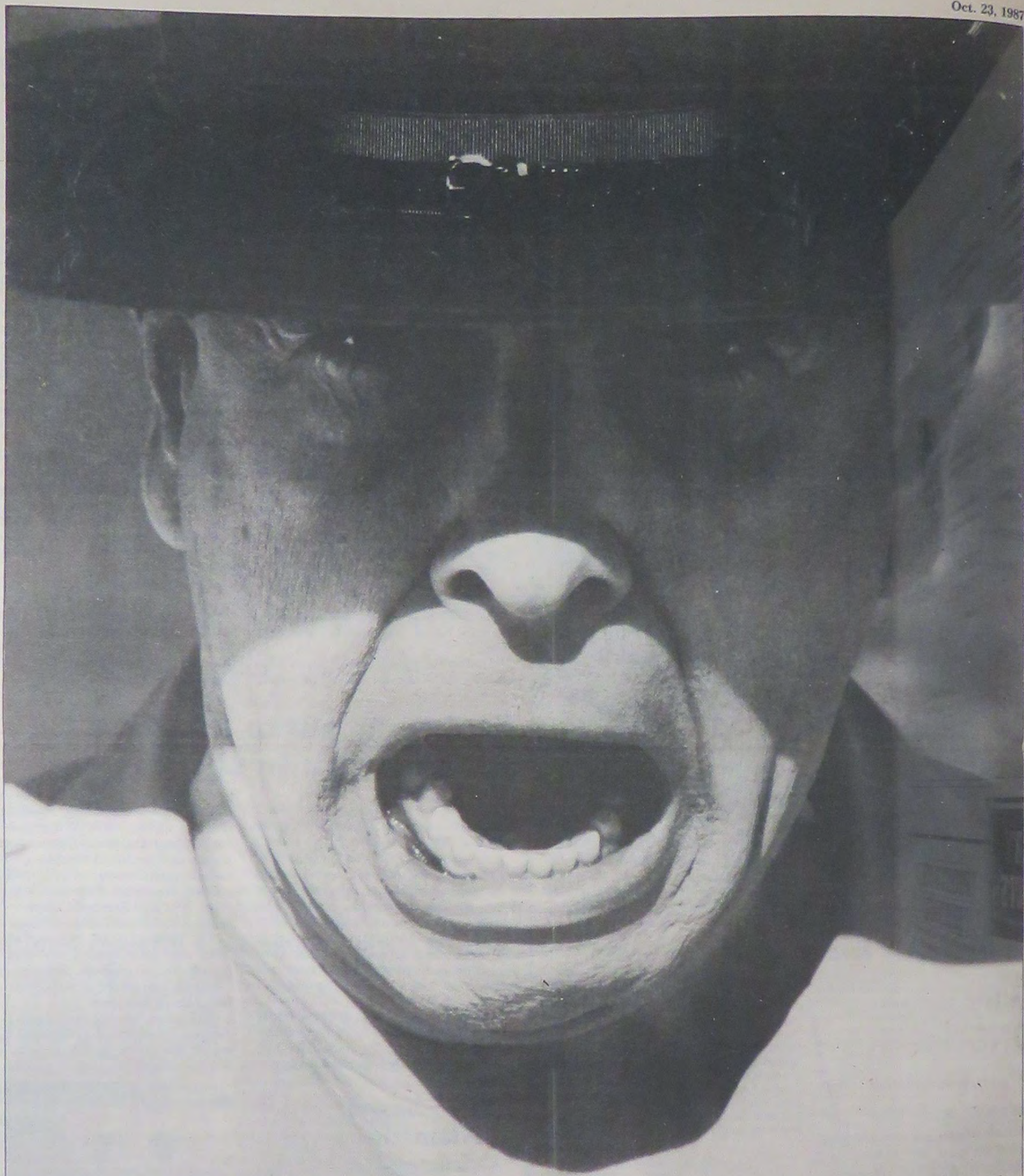
In all, seven aircraft will be based at the Naval Air Station with more than 400 squadron crewmembers.

The squadron is commanded by Commander John W. Tennant, formerly Commanding Officer of HM-16, which was decommissioned in Norfolk, Va., when HM-15 moved to California.

"We're all pretty excited about the move to Alameda," said squadron personnel officer Lieutenant Richard Catoire. "Most of the command volunteered for the move, which is good for morale. Between our new home and the new aircraft, we're all feeling great these days," he added.



Hospital Corpsman 2nd Class Scott DeVoe (right) of the Preventive Medicine Technician School's Bugs 'R Us team, slides safely back to third base during Northwest Region Intramural Slowpitch Softball Tournament action. The Physical Therapy team captured the championship, which was held in Oakland Sept. 14-18. (Photo by JOC M.D. McGougan)



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Oct. 23, 1987

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Dependents of active-duty military personnel are now eligible for dental coverage under the new Dependent Dental Insurance program offered by the US Department of Defense.

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CDA member-dentists commit to establish practices to meet your needs, the needs of the profession and the community.

All CDA dentists must also belong to the American Dental Association, which provides you a nationwide network of member dentists. That's especially important for military families.

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16	17	18	19	20	21	22	20	21	22	23	24	25	26
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Norwester

NAVHOSP corpsmen attempt daring rescue

by Journalist 1st Class Dan Guiam

Emergency medical aid generally comes naturally and in abundance for Navy Medical personnel—even on the roadside during off-duty hours.

Naval Hospital, Oakland's Hospitalmen Jon Havers and Robert Schrei's most recent life-saving attempt is an example. While driving on Interstate 580 after visiting a friend at the Naval Hospital, the duo stopped at the scene of a motorcycle accident.

An off-duty Oakland police officer was thrown from his bike after it went out of control on the freeway ramp. The 24-year-old policeman died due to head injuries, despite the sailors' best first aid efforts.

"We saw a man lying down in the middle of the highway with nobody helping him. There was a policeman, but he was putting up flares," said Havers, a 20-year-old native of Olin, New York. "We pulled our car alongside and ran over to the scene to see if we could help. We told the officer we're from the nearby Naval Hospital and that we're going to do what we are trained to do."

Havers and Schrei immediately proceeded to administer Cardio-Pulmonary Resuscitation (CPR) after checking the victim's vital signs, but there was no response to verbal stimuli and no spontaneous respiration.

"I was frustrated," said Schrei, a 22-year-old native of Chicago Ridge, Illinois. "I wanted to give him mouth-to-mouth resuscitation; but I couldn't keep his mouth and airway clear because blood kept coming out of it. Basically we continued doing chest compressions 'till the ambulance arrived."

The injured policeman was taken to the nearest medical facility, Naval Hospital,

Oakland. Havers and Schrei followed the victim to give the doctors any information, and because they were concerned to know the police officer's final prognosis.

"I was upset when the policeman was pronounced dead because I couldn't help more," said Havers. "There was nothing more we could have done for him. The policeman who came along with him was shocked—I wasn't. I've been in about four emergency codes in the hospital. So when we got to the scene we already knew what to do."

Schrei shared Havers' feelings, "It would have been nice if the man survived, not that I wanted to be a hero. I just wanted to go out there and do my profession."

Saving lives is nothing new for the hospitalmen as both have been involved in numerous life-saving situations.

"Taking care of people is something one can be proud of," said Havers. "That's all I want to do and that's all I've been doing. It makes me feel good about myself. I don't expect much in return—maybe just a smile on one's face or a simple thank you."

Havers is assigned in the Naval Hospital, Oakland Alcohol Rehabilitation Department. He assists counselors in both the administrative tasks and the nursing care of inpatients.

Schrei works in the hospital's Intensive Care Unit where his myriad of tasks include taking care of critically ill patients.

"It's a rewarding field," said Schrei. "It makes you feel good seeing patients get well and feel better about their environment. It's always comforting to know you're contributing toward their recovery."



Hospitalmen Jon Havers (l) and Robert Schrei at work at Naval Hospital, Oakland. Their emergency training could not save an Oakland accident victim.



Navy League honors Bay Area's best reservists

by JOC Mike McGougan

Three top-rated Bay Area men were honored as "Outstanding Naval, Marine Corps and Coast Guard Reservists of the Year" by the Oakland Council of the Navy League last month.

Personnelman 1st Class Timothy Hoffman, Sergeant Roy P. Tuason and Master Chief Firefighter Phillip R. Hoxie—representing Bay Area Naval, Marine Corps and Coast Guard Reserve Commands respectively—were singled out during the Oakland Council's annual awards dinner program.

Guest speaker at the program, held at the Naval Medical Command, Northwest Region Officers' Club in Oakland, was National President of the Navy League Jack Morse.

Other specially invited guests included: Rear Admiral Robert L. Toney, Commander, Naval Base, San Francisco; Captain T.F. Levandowski, Commander, Naval Medical Command, Northwest Region; and Captain A.M. Martinson, Commanding Officer, Naval Hospital, Oakland.

Rear Admiral V.J. Anzilotti, Commander, Naval Reserve Readiness Command, Region 20, Treasure Island, presented the award to PN1 Hoffman. Petty Officer Hoffman was cited "for virtually eliminating personnel pay problems for a four-state area."

Major Allan F. Cruz, Commanding Officer, Headquarters Battery, 1st Battalion, 14th Marines, Treasure Island, presented the award to Sgt. Tuason. Sgt. Tuason was cited "for outstanding overall performance as a Marine and in community affairs."

Commander Robert Babcock, Commander, Reserve Group Marine Safety Office, San Francisco, Coast Guard Island, presented the award to FICM Hoxie. Master Chief Hoxie was cited "for work in bringing the Marine Firefighting Coordinating School to convening date."

Navy League President Morse praised the Reservists for their outstanding performances and, referring to current action in the Persian Gulf, emphasized that it was the dedicated effort by people that made the U.S. military strong and successful.

NEW TAX LAW

Your child must have a Social Security number

The Tax Reform Act of 1986 requires, starting next year, that you show a Social Security number for each dependent age 5 and over listed on your return. And because of expected delays in issuing Social Security numbers, military and civilian families are urged to apply soon for children or other dependents who do not already have one.

If you live in the continental United States, request an application form SS-5 from your local Social Security office. Return or send the completed application to any local Social Security office.

Families overseas should contact a

local personnel office for an application form SS-5FS and any necessary additional assistance. Forms can also be obtained from U.S. diplomatic and consular offices.

Applications require proof of the dependent's date of birth, identity and U.S. citizenship or lawful alien status. Generally, if the person was born in the United States, his or her birth certificate will serve as proof of age and citizenship. Another document, such as a military I.D. or a school record, is needed for identity. If it is necessary to forward this information, certified copies can be used.

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Operating room nurses honored on Nov. 13



Lieutenant Brenda Joy (left), operating nurse Naval Hospital, Oakland, conducts a pre-operative interview before taking a patient into surgery. (Photo JOC M.D. McGougan)

They are an unsung group responsible for the smooth, efficient functioning of the operating room. They are caring, feeling individuals especially interested in the well-being of a patient just before, during and immediately after surgery. They are a small, but extremely busy corps of women and men carrying out a variety of vital duties in the daily routine of a Naval Hospital.

They are operating room (OR) nurses.

On Nov. 14, the ninth annual Operating Room Nurse Day will be celebrated at military medical facilities all over the globe.

On Nov. 13, a presentation to honor OR nurses will be displayed in the lobby of Naval Hospital, Oakland. On display will be a pre-operative training film for patients, and photographs of OR nurses on the job aboard the hospital ship USNS Mercy, in rapidly deployable medical facilities (RDMFs) and as medical mobilization readiness team (MMART) members.

The Naval Hospital, Oakland display will also include a medical training device mannequin with removable parts. All Northwest Region active duty, reserve, retired and civilian personnel and dependents are invited to view the display.

Fifteen OR nurses coordinate surgical activities in 10 operating rooms at Naval Hospital, Oakland. These activities include assuring sterility and checking instruments and equipment in the

operating rooms, monitoring patients' vital signs and attending to their needs, giving instructions to operating room technicians and responding to any emergencies.

The OR nurses also care for patients just before and immediately after surgery. The typical nurse will go every step of the way from the pre-operative interview to the post-operative turnover in the recovery room with three to four surgical patients per day. This results in a heavy load of overlapping duties for the OR nurse in the same day.

In a month, the Naval Hospital, Oakland OR nurses will handle approximately 425 cases. In the period of July 1986 to June 1987, they had 4,534 cases and 5,441 procedures.

Commander S.A. Gotch is the Head, Main Operating Room, Naval Hospital, Oakland and Lieutenant Commander P.K. Bannow is the Clinical Coordinator.

Training for an OR nurse includes a six-week intensive Navy course followed

by an eight- to 12-week orientation at a Naval Medical Facility.

The following comments by some of the Naval Hospital, Oakland OR nurses describes their feelings about the role they play in naval medicine:

Lieutenant Commander Yvonne Caveney, reservist with 10½ years of experience: "I believe the most challenging aspect of being an OR nurse is that you are the patient's advocate. When the patient comes to the OR, he or she is going through a major crisis in their life, and they are unable to speak for themselves. The surgical patient needs expert care for his or her mind and spirit as well as body, and I am there to give it, as well as protect their rights."

Lieutenant Dan Babin: "Being a member of the operating room team has provided me the opportunity to involve oneself in pre-operative visits with patients on the wards enables us to provide information that encourages a more accurate perception of what actually will take place the day of surgery. This hopefully decreases feelings of apprehension felt by the patient. These visits make us sensitive to special needs of individuals and their lifestyles. When the patient is greeted in the operating room, they are aware that their special needs and concerns will be tended to, especially while they are asleep or sedated. Talking with patients prior to their surgery makes us aware of psycho-social aspects in their lives and how surgery will affect them. My greatest challenge is being able to listen, communicate and offer situational support."

Lieutenant Dawn Gabrielson: "The most challenging aspect of being an operating room nurse is being prepared to care for patients undergoing a variety of types of surgery. The surgeon generally specializes in one branch or type of surgery, but the operating room nurse has to be knowledgeable in all types of surgery because after normal working hours, when there is only one nurse on duty, she or he has to be able to deal with a great variety of emergencies. It is particularly rewarding to visit patients post-operatively and hear directly from them how good they feel about the care they received in the operating room."

Lieutenant Ardis Goulart, a nine-year OR veteran: "It is a constant challenge to stay on top of all the new innovations within the medical profession. New equipment ranging from lasers, computerized suction and irrigation machines to high tech microscopes are constantly being implemented. It is my job to make sure that

these devices are utilized to provide the maximum benefit to each patient. It is also important for the OR nurse to remain updated on all disease processes in order to effectively meet each patient's needs. The operating room is an area where teamwork is a necessity, and I find it stimulating and fulfilling to work as part of that team. For the teamwork to be effective, it must work synchronized and it is my responsibility to make sure this is achieved."

Lieutenant Mike Gallaher, a 16-year OR nurse: "The most challenging aspect of my being an operating room nurse is the flexibility and adaptability required of a military OR nurse to deliver quality patient care in all environments and under many interesting and exciting situations. Whether it be here at Naval Hospital, Oakland working in a busy and demanding orthopedic specialty service, overseas in a small operating room during times of political strife and revolution, or on an LHA thousands of miles from the United States in the middle of the Indian Ocean, the same quality of patient care is still needed and expected. OR nursing is an ever-changing evolution with new techniques, instrumentation, concepts and surgical team personnel to keep up with. The chance to work in a challenging profession with dynamic personnel such as surgeons, anesthesiologists, nurses and OR techs makes it a pleasure to come to work every day."

Lieutenant Brian Dawson: "If you think of the greatest reward of working in the OR, it has to be, at least to me, saving a person's life. When a patient arrives in the OR and is close to death, and you assist the doctors in saving that person's life, the feelings I have are of total satisfaction. It's a feeling that you really accomplish something great. Being the branch head for OB/GYN, I have the opportunity to assist on many C-sections. There is no greater feeling in the world than seeing a new life appear. It is very rewarding to assist parents in bringing a new member of their family into the world."

Lieutenant Commander Ken Rush, an 11-year OR vet: "Knowing that we make immediate differences in a patient's life via our surgical intervention is the most rewarding aspect of being an operating room nurse. It is a feeling that we genuinely help people and often make the quality of their lives much better as a result of our care. And, there is also the satisfaction which comes from working as a team member with other highly skilled, dedicated professionals."

Smokeout: new alternatives

by Marian L. Smith

After 62 years of smoking cigarettes and undergoing psychological and acupuncture treatments to stop, the cure came at Letterman.

Retired Army Col. Earl Peak, 77, had been smoking since the age of 15, and was up to two and one half packs a day when he went to see Maj. Debra Snow in January 1986. Snow has been in charge of LAMC's Smoking Cessation Program since its start three years ago. The program currently has a 75 percent success rate.

"Some pulmonary doctors were concerned that there was no official program to help their patients stop smoking. They discovered this program, and they needed someone to work with it," Snow explained.

Snow, who has never smoked, went on to explain why she was interested in the program. "I deal in chronic diseases, like

high blood pressure and diabetes," she said. "So many of my patients are smokers, and they would really benefit from quitting. I was real eager to get involved."

The program includes giving patients a gum to chew that has four times the nicotine of a cigarette. Its main purpose is to curb the patient's physical need for the nicotine in a cigarette.

According to Snow, "The gum is a good, safe product, and it's available."

Peak, who had to quit smoking so he could have surgery done on his leg, started off by chewing 16 gums a day. As of March 11, it had been one year since Peak stopped smoking.

In the program itself, a person needs to attend only one class. Every Friday at 9 a.m. in the AIM clinic, there are group sessions directed by Snow.

At these sessions Snow usually gives background information on the program.

please see page 3

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Public Affairs Officer H.G. Thomas
Editor Jonathan S. Arnowitz
Editorial Consultant JOC Mike McGougan
Staff Photographer AN Deborah Davis

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Join the Great Smokeout

from page 2

and the dangers of smoking and nicotine. "I also have them try the gum while they're there," said Snow.

Then the patients are on their own. They are encouraged to call her if they encounter any problems with their program. "I'm more of a support center," she said.

A lot of people get referred to the smoking clinic from other clinics to stop smoking for specific health reasons. About 50 percent of the patients are referred, and 50 percent just want to quit for themselves.

"I think the designated smoking areas in the hospital frustrated a lot of smokers into quitting, and that brought them in," Snow noted.

Shari, age 37, had been smoking for about seven years, and said she quit smoking for health reasons.

"I used to get a lot of headaches," she said. "I didn't realize that the headaches were from smoking until after I quit, and I noticed a great reduction in the headaches."

Both Phillip and Shari said they were very pleased with the program. "I feel much healthier and better now," said Phillip.

The non-smoking clinic usually sees six to ten new people each week, and with the new medical evidence surrounding smoking and the push to stop smoking, the popularity of the program is likely to grow.

A Veteran's Day memoriam

By Howard G. Thomas

November, a month of transition; not yet winter, long past summer. The days grow short as autumn bids the trees, "Lay down your leaves." The sky is gray—rain begins. The mood is set.

I settle back in my easy chair. A cup of tea warms my hands. Steam rises—curling and swirling—providing a backdrop for my dreams—for my memories.

November, Veterans Day, madness ends on the eleventh hour of the eleventh day of the eleventh month. Or, did it end—the madness—more wars, more dying. Here rests in honored glory an American soldier known but to God.

November 22, 1963—Dallas—John F. Kennedy—24 years have past. Like Lincoln and Washington he sits in history. For our children was he real? For us who shared this world with him, he was real. He touched each of us with his life, and we were all changed. I see the eternal flame flickering on his grave—a symbol of the eternal spirit. I see the flag. It hangs silently against its staff as if bowing in observance of this solemn moment. I think about the words of a poem—The Flag Goes By. Henry Holcomb Bennett wrote, "Hats off. The colors before us fly. But more than the flag is passing by; Sea-fighters and land-fights, grim and great—fought to make and to save the state."

I cannot comprehend all at once the spirit and the bravery of those who have gone before me, who fought beside me, who will carry on when I am gone—who give so much that I may sit here enjoying my tea—free, secure and happy. I am sad too. So many were lost.

My cup is empty now, but I am filled with spirit and hope.

We need this time to look back so we can go on. We all need November.

Corrections

This space is reserved to resolve any errors printed in the *Norwester*.

In the Oct. 23 issue we reported the graduates of Basic X-Ray Technician School class 87-006. The following graduates were inadvertently omitted from the list: Hospitalman Bruce Richardson, USS Wichita; Hospital Corpsman 3rd Class Jeffrey Ryder, U.S. Coast Guard Support Center, Petaluma, Ca.; Hospitalman Robert Smith, MAG 31, Beaufort, S.C.; Hospitalman Brigham Thorp, Naval Hospital, Philadelphia, Pa.; Hospitalman Nestor Velasquez Jr., Naval Hospital, Orlando, Fl.

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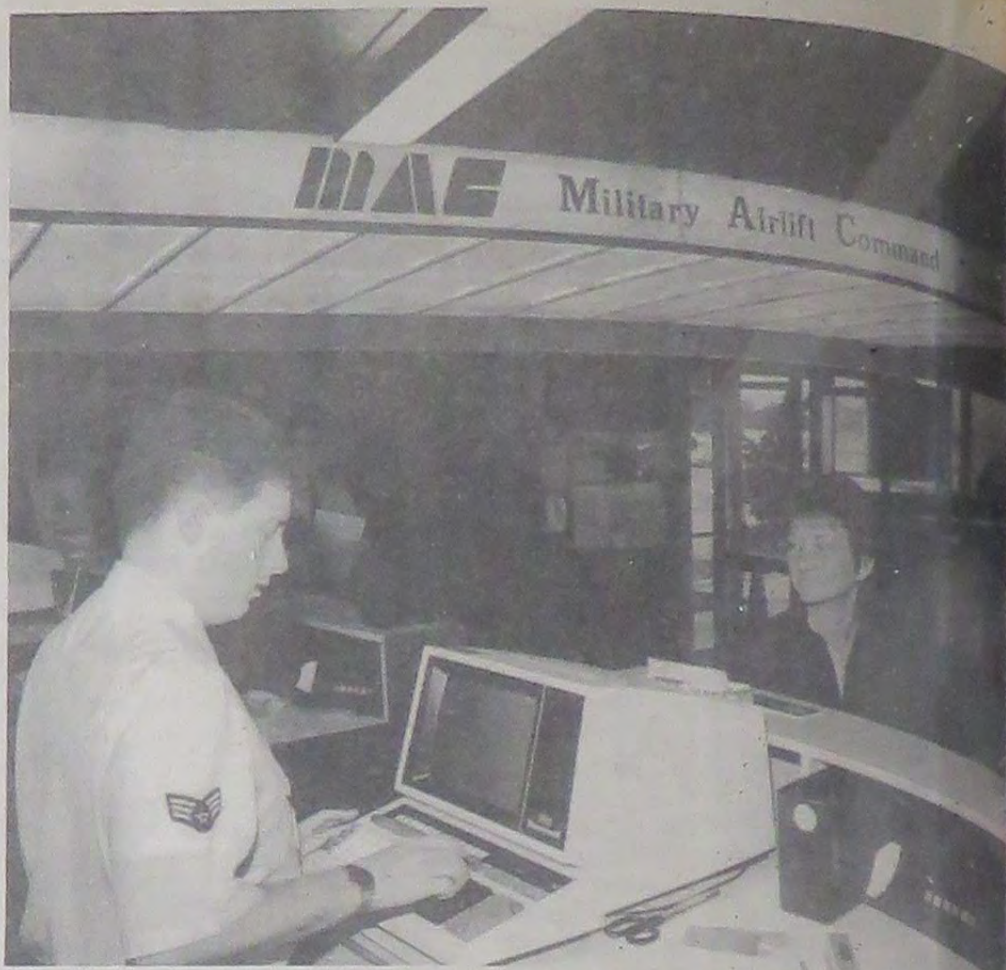
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Air Force Master Sergeant Jack Robinson (left), operations manager for MAC, and Senior Master Sergeant Leonard L. Hoyle (right), superintendent for MAC, confer on ways to make sure the MAC system runs smoothly.



Air Force Sergeant Walter O'Brien, bound for Nellis Air Force Base in Nevada, and Hospital Corpsman (HM) David Derting bound for Okinawa, Japan listen to Gertrude Blake (center), director for the Oakland USO, give directions to the various parts of the Oakland USO.



Military Air Command assists people with their flight plans.

Help on your way:

story and photos by AN Deborah Davis

You are a young hospital corpsman just out of Basic X-ray Technician School and traveling to your first duty station in Yokosuka, Japan.

To get overseas you face several days of travel and have to move yourself and your luggage halfway around the world. You plan to stop in Hawaii for a few days of leave to visit the good friend you knew in Corps School.

It is enough that you are already nervous thinking about your new life in a foreign country and excited about basking in the sun at Waikiki with your friend.

But, when you reach the ticket counter at Oakland Airport at 6:30 a.m., you discover there is a problem with your scheduled flight. There is going to be a delay that may foul up your leave plans and your arrival at your new duty station.

Looking nervously around the unfamiliar airport terminal, you think "what am I going to do now?"

Then, you remember that your instructor at school told you about a small haven of military personnel and civilians who stand by at Oakland Airport to assist traveling service members.

These people work at the United Service Organization (USO), Military Air Transportation Coordination Unit (MATCU) and the Military Airlift Command (MAC), all located in Terminal 1.

Mal; your way to the mezzanine level of the terminal, you find MATCU, also referred to as the military liaison office. You explain your problem to Chief Storekeeper (SKC) Rolando Rubio, chief petty officer in charge of the unit.

SKC Rubio immediately has one of the four Army personnel assigned with him at MATCU contact the nearby Air Force MAC office to determine if there are space-available seats on flights to Honolulu and Tokyo. Senior Master Sergeant Leonard Hoyle, superintendent of MAC Passenger Service, directs his Air Force staff to check space-available quotas for flights to Hawaii and Japan.

You decide to "check out" the USO next door while waiting for the MATCU

and MAC personnel to try to solve your travel problem. By now, it is 7 a.m. and you realize the knotted sensation in your stomach caused by the anxiety of your dilemma has turned to an empty feeling. You failed to eat breakfast in your excitement and haste to get to the airport.

As you stroll into the USO, you are greeted by a smiling lady, the director Gertrude Blake. She seems to sense a problem and quickly puts you at ease by offering a cup of coffee and a doughnut. You set your luggage aside, find a comfortable chair and pick up a magazine.

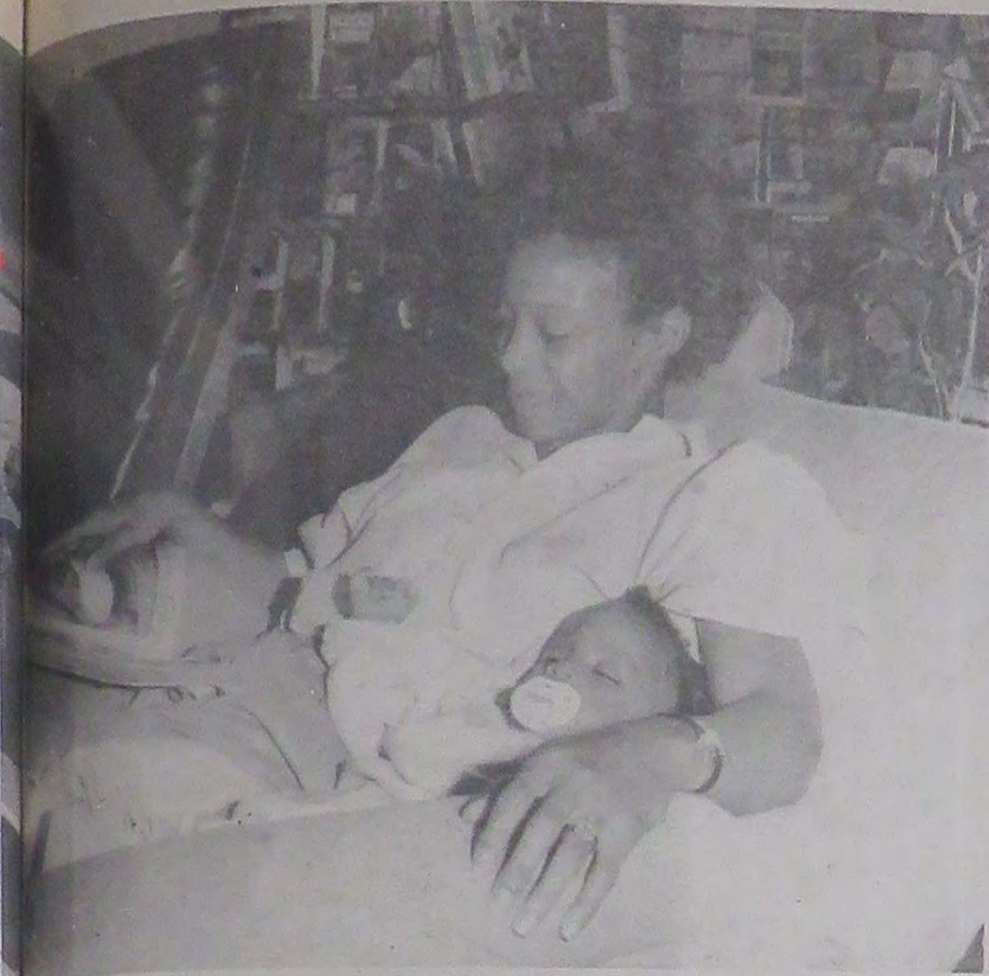
You notice a relaxed mood in the USO with people from every branch of the armed forces there. Some are obviously travel-weary as they nap. Others play cards, read books or watch one of the early morning TV news/talk shows. There are military dependent spouses with small children too. Some of these people have traveled from the East Coast and are headed to Hawaii and Japan like yourself, or to Korea or to the Philippines.

In a while, an Army sergeant from Chief Rubio's MATCU office comes into the USO and tells you that an arrangement has been successfully worked out through MAC to get you on a flight later in the morning that will stop in Hawaii. You will be able to get an onward flight to Japan after your leave too.

Not every problem faced by military travelers coming through and/or leaving from Oakland Airport are as easily solved, but the dedicated staffs at MATCU, MAC and the USO are standing by to assist service members in a variety of ways.

MATCU, a joint service command, is a passenger branch of the Military Air Transportation Coordination command that includes MATCUs in San Francisco, St. Louis and at Travis Air Force Base as well as Oakland Airport.

MATCU helps arrange transportation for service members who have lost their tickets, missed scheduled flights, do not have enough money or are trying to return to their parent command after being



Cynthia Nickson, like fellow travelers before her, keeps herself entertained by reading a book. The Oakland USO keeps many books in stock to give visitors to the USO hours of good reading while waiting for flights. Cynthia was waiting with son, Taris, for her flight to Seoul, Korea where her husband works as a federal employee.

USO, MAC, MATCU

on unauthorized absence (UA). MATCU will also prepare emergency papers for people traveling to and from the U.S. and overseas, stamp orders for departing passengers and assist arriving persons in obtaining transportation to new duty stations in the Bay Area. Occasionally, the MATCU staff will be called on to provide support in the return of deceased military members by helping family or escorts.

On the days military flights are scheduled, MATCU is open from 7:30 to 2 a.m. Other days the hours are from 7:30 a.m. to 10 p.m. MATCU's staff is on call 24 hours at (415) 635-8456 for emergencies.

"I like learning about the transportation privileges of active duty personnel and meeting people from the different services," Chief Rubio commented about his MATCU leadership role. "My fellow workers and I receive a great deal of satisfaction in helping other military members get their travel problems solved."

If the junior enlisted people receive help when they need it, more good sailors will want to reenlist and this will keep the Navy strong," he added.

The 19 persons of the Air Force's Detachment 1, 60th Aerial Port Squadron provide a complete range of services to accommodate arriving and departing passengers through the MAC counter on the first floor of Oakland Airport's Terminal 1. The MAC team handles everything from checking passengers in for flights to actually piloting the aircraft.

The entire MAC passenger service is coordinated from a busy office next to MATCU on the mezzanine level at the airport. It is described as "the command-control room."

Master Sergeant Jack Robinson, MAC Operations Manager, said that handling the people at MAC has resulted in good management flow. "MAC is a manager's utopia because everything is scheduled and that prevents any crisis

management," he added.

The Oakland Airport USO is a community non-profit organization that is funded solely by donations through the United Way and the Combined Federal Campaign (CFC). It is staffed by 45 volunteers. Contributions also come directly from individuals and various other organizations that give gifts like coffee, doughnuts, cookies and travel necessities such as combs and toothbrushes.

Director Gertrude Blake likes being associated with the USO because "I'm able to help someone in a positive manner." She is very proud of the corps of volunteers that lend their time.

In addition to offering a comfortable place for military travelers to rest 24 hours daily Monday through Friday, the USO also provides up-to-date information about Bay Area lodging and car rentals. There are discount tickets available for local shows and events too.

The only time the USO closes is from midnight Saturday until Monday morning.

The USO plans to make the holidays as bright and cheerful as possible for military travelers. The Ladies Auxiliary of the Fleet Reserve Association is planning to create handmade Christmas Stockings. They will fill stockings for adults with travel necessities and ones for children with small toys so they can amuse themselves during the long airplane rides.

On the day the last MAC flight leaves for Korea before Christmas, probably Dec. 22, a buffet dinner of turkey with all the trimmings contributed by local hotels will be served inside the USO.

The services provided at Oakland Airport by the combined effort of the USO, MATCU and MAC may be perhaps best summed up in the words written by one traveler in the USO visitor's log; "Once again I have been cured from a terminal illness. Your hospitality is always enjoyed and greatly appreciated."



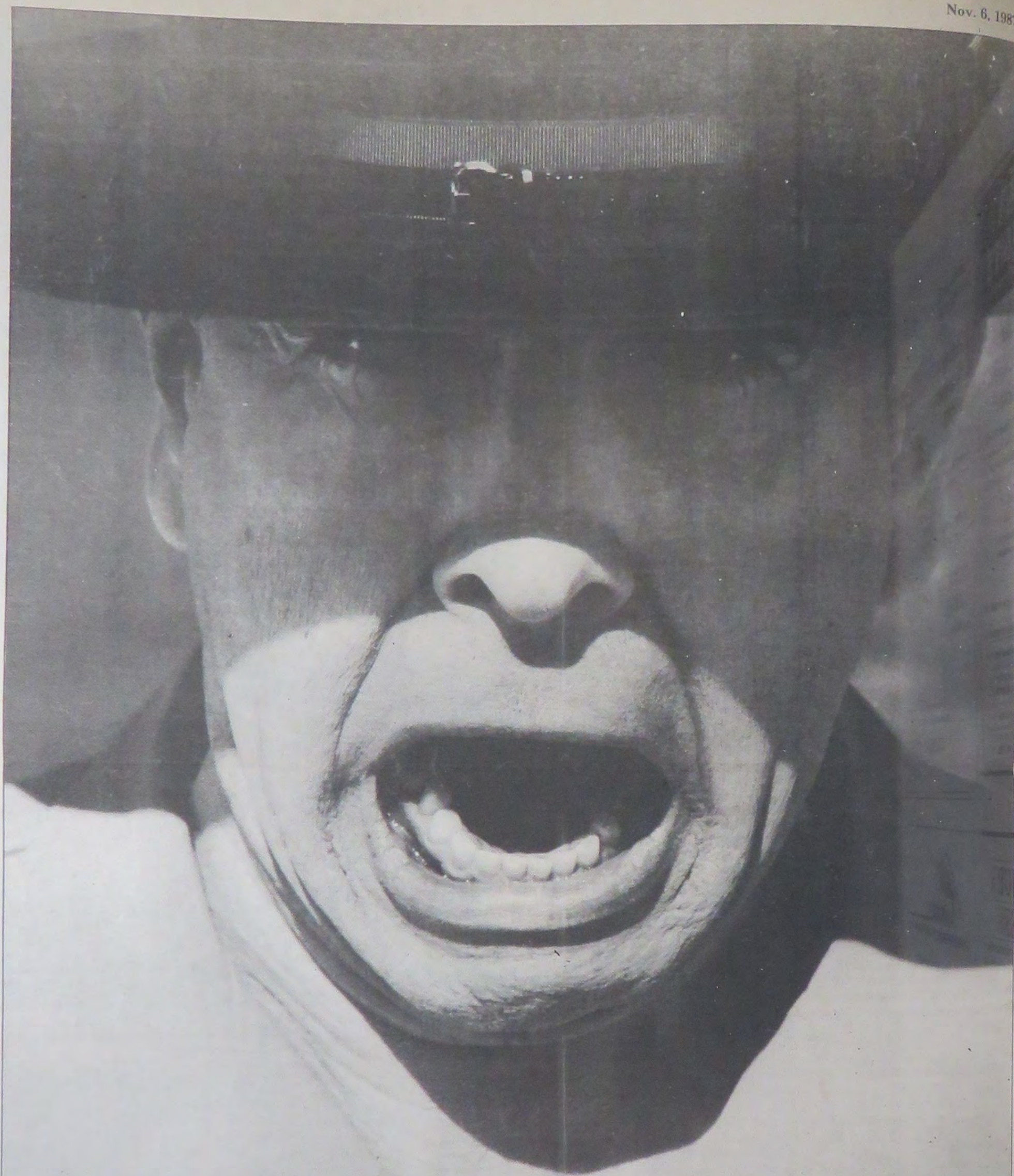
An unidentified airman awaits her luggage at the MAC terminal at Oakland Airport.



Master Sergeant Jack Coffey from the U.S. Air Force and wife, Nancy play cards at the Oakland USO to pass the time before their flight to his new duty station in Yokota, Japan.



Air Force Staff Sergeant Robert Bench with his wife, Leonie and daughter, Francesca ask Chief Rubio of MATCU for travel information.



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Norwester

Navy supports local schools

NWREG adopts Skyline High School

by Jonathan Arnowitz

The Naval Medical Command, Northwest Region adopted Oakland's Skyline High School at a ceremony held Nov. 5 at the school.

Among those attending the program were: Rear Admiral Robert L. Toney, Commander, Naval Base, San Francisco; Captain T.F. Levandowski, Commander, Naval Medical Command, Northwest Region; Captain C.G. Strom, Capt. Levandowski's chief of staff; and Oakland School Board member, Alfreda Abbott.

"We will systematically integrate our resources into an instructional program," said Weldon Miles, deputy equal employment opportunity officer for the Northwest Region, who will monitor the program.

"We will provide Skyline with lectures and expertise in health care management, as well as provide field trips for the school," Miles added.

"The adoption of Skyline High School further builds on our 15 years of involvement with the Oakland school system,"

remarked Capt. Levandowski at the ceremony.

Capt. Levandowski emphasized that the high school not hesitate asking for the Northwest Region's support. "Sharing in the education and physical fitness here, we are investing in our country's future. High school students are our future leaders," amplified Capt. Levandowski.

Acknowledging RAdm. Toney's leadership role in the adopt-a-school program he stated: "Admiral Toney has been a key force in promoting this program as the senior Navy area coordinator for all Navy and Marine Corps commands in the Bay Area. We are grateful for his outstanding leadership and example."

RAdm. Toney stated that the adopt-a-school program "protected our national treasure and our most precious resource: our school children."

Locally, Capt. Levandowski pointed out that numerous employees at both the Naval Medical Command, Northwest Region and at the Naval Hospital, Oakland, are graduates of the Oakland school system.



Captain T.F. Levandowski (center) and his Chief of Staff, Captain C. G. Strom, discuss the adoption of Skyline High School with Oakland Schools Superintendent Joe Coto. (Photo by AN Deborah Davis)

Sailors of the Quarter named for Region



Personnelman 1st Class D.B. Tabligan of the Contingency Operations Department was selected the Northwest Region's Sailor of the Quarter. PN1 Tabligan made SOQ for the region by accepting many challenges and tasks within the Contingency Operations Department, such as USNS Mercy, Deployable Medical units, personnel issues, requests for regional and fleet support, et al. "[These duties] gave me a better perspective of the medical environment in the Navy," stated PN1 Tabligan. "This enriching experience will help me in carrying out my duties in the command." (Photo by AN Deborah Davis)



Seaman Sandra Kinney was named the Junior Sailor of the Quarter for the Naval Medical Command, Northwest Region. Her selection marks the first time a woman was selected Sailor of the Quarter for NWREG. Kinney stated, "By being the first female selected, I feel I can be an example to other junior personnel that it can be done." (Photo by AN Deborah Davis)

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NAVMEDCOM NWREG wishes all a safe and Happy Thanksgiving!

A Holiday thought from our editor

by Jonathan Arnowitz
Editor, Norwester

With Thanksgiving, it isn't hard to get sentimental and cliché-ridden. Giving, caring, loving, thankful, grateful, hopeful, compassionate: words we hear at special occasions at special moments like Thanksgiving. Are we being truly thankful or is this seasonal lipservice?

When we speak with our thanks—whatever those may be—do we speak with our heart or merely our throats? To whom do we address our thanks? To whom will we give cause to thank us?



CFC drive continues

Hospital Corpsman 1st Class Lori Rucklos and Seaman Apprentice Kimberly Brandl found plenty of good buys at the recent CFC Flea Market held in front of the Navy Exchange of the Northwest Region. All proceeds went to the Combined Federal Campaign (CFC). (Photo by AN Deborah Davis)

People
are
dying
for your
help.
Give
blood.



I don't have the answers to those questions; everyone's thanksgivings are embedded in the individual lives each have led.

And for those not celebrating at the dinner table, or who have no family to celebrate with, I leave a thought from my grandmother. I had eaten bread during one Passover—which you are forbidden to

do. Everyone was angry with me, except my grandmother who said, "It's what's in your heart that counts not what's in your

stomach."

Have a happy Thanksgiving.



Express Mail delivers for the military

Military personnel, their friends, families and business correspondents can now mail urgent packages and letters to overseas military bases and back to the United States in two days with Express Mail Military Service.

Letters, cards, holiday gifts, cookies and Grandma's chocolate cake are just a few of the items that can be sent by Express Mail Military Service. The joint venture was initiated by the U.S. Postal Service and the Department of Defense to facilitate faster international communications between branches of the military and their constituents.

Since 1970, Express Mail Service has been speeding packages and letters across the United States and abroad. Now with Express Mail Military Service, military bases overseas become part of the vast Express Mail network at the same domestic rates that are less than half of what other international expedited services charge.

The service is available at selected acceptance sites across the country and more than 200 military post offices in Europe (United Kingdom, Germany, Belgium, Italy, Greece, Spain), the Pacific (Japan, Philippines, Korea, Okinawa, Australia) and Panama. Local post offices can inform customers of the closest acceptance post office and participating military post office addresses.

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Express Mail Military Service is the only international delivery service with access to military bases. Shipments are handled exclusively by military personnel at all overseas locations to ensure security. All packages are covered by merchandise insurance up to \$500 and document

reconstruction insurance up to \$150,000 at no extra charge. On-time delivery will be made or the sender receives a full refund.

Packages sent by Express Mail Military Service are subject to standard customs requirements. Necessary customs forms and pamphlets detailing what may be sent to each military address are provided at acceptance post offices. If shipments are delayed by customs inspection, the on-time guarantee no longer applies.

Shipments accepted before established cut-off times will be delivered two days after mailing. Packages are considered delivered when the article is signed for by military post office personnel. When military post offices are closed, delivery

will be accomplished on the next business day.

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The same low rates that apply to domestic Express Mail Service have been extended to Express Mail Military Service: \$10.75 for up to two pounds; \$12.85 for up to five pounds; rates for five to 70 pounds are based on weight and distance.

Convenient Packaging

Shipping containers in various sizes are provided at local post offices. The Express Mail envelope is convenient for letters, cards and other personal documents. The flexible 2-pound Pak is ideal for smaller packages or unusually shaped parcels, while mid- to large-size packages can be accommodated by the 5-Pound Pak.

Mail your parcels on time

The key to successful holiday mailing is to mail early and correctly. Persons sending cards and packages overseas from the continental United States should mail them on or before the following dates:

Destination	Priority Mail	Letters	Parcels		Surface Mail
			Airline Space Available		
			*(PAL)	** (SAM)	
Africa	1 Dec	1 Dec	9 Nov	2 Nov	2 Nov
Alaska	7 Dec	7 Dec	1 Dec	23 Nov	23 Nov
Hawaii	7 Dec	7 Dec			23 Nov
Australia	23 Nov	23 Nov	23 Nov	9 Nov	2 Nov
Caribbean/West Indies	7 Dec	7 Dec	23 Nov	16 Nov	16 Nov
Central and South America	23 Nov	23 Nov	21 Nov	2 Nov	31 Oct
Europe	4 Dec	4 Dec	23 Nov	13 Nov	31 Oct
Far East	4 Dec	4 Dec	23 Nov	14 Nov	16 Oct
Greenland	1 Dec	1 Dec	23 Nov	14 Nov	31 Oct
Iceland	8 Dec	8 Dec	24 Nov	17 Nov	31 Oct
Mid-East	27 Nov	27 Nov	2 Nov	27 Oct	27 Oct
South & East Asia	23 Nov	27 Nov	6 Nov	2 Nov	16 Oct

* Parcel Airlift

** Surface Airmail

Parcels will arrive at their intended destination in good shape if you follow a few simple guidelines:

☐ **Cushion.** Make sure contents are well-cushioned and there is no empty space in the box. Use crumpled newspaper around the item — including all sides, the top and the bottom.

☐ **Don't overwrap.** Just use your carton. Brown paper and twine are not necessary. Paper can rip, and twine can become entangled in mail processing equipment.

☐ **Seal properly.** Close your parcel with one of the three recommended types of tape — pressure-sensitive, nylon-reinforced kraft paper or glass-reinforced pressure-sensitive. Don't use cellophane tape or masking tape.

☐ **Avoid smudges.** Use smudge-proof ink for your addressing.

☐ **Position addresses properly.** Put the recipient's address in the lower right portion of the package and your return address in the upper left corner. And put them on only one side of the package. It's a good idea to put a slip with the address and return address inside the parcel.

☐ **Use ZIP codes.** Be sure to include the ZIP code in both the recipient's and your address. Wrong ZIP codes can delay the mail.

☐ **Time it right.** Mail early in the month and early in the day.

Norwester

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Editorial Consultant JOC Mike McGougan
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Seabees construct new parking lot

The Seabees of Construction Battalion Unit (CBU) 416 have been clearing land behind the Northwest Region service station/mini-mart for a parking lot. Pictured above is Construction Electrician 3rd Class Zito Paulino using a pick to level high spots. In photo below, Equipment Operator Constructionman Steven Grant drives a front-end loader to smooth earth prior to parking lot paving. (Photo by AN Deborah Davis)



Filipino-American Association bestows honors, awards

by JO1 Dan Guiam

The Filipino-American Cultural Association of Oak Knoll (Oakland Naval Hospital) recently held its annual picnic and get-together at the hospital's softball field.

This year's event feted members recently advanced to their next higher rank/paygrade. It also welcomed other members from their recently concluded humanitarian mission to the Republic of the Philippines, on-board the Navy's newest hospital ship—USNS Mercy (T-AH 19).

Cris Salamanca, the association's newly-installed president, took the occasion to thank the affair's committee in their effort to push for the event despite everybody's hectic schedule. He also expressed that the group's active participation in command-sponsored ethnic events promotes harmony amidst cultural diversity.

In addition, Salamanca urged members to participate in community-oriented projects by donating their time to community health or social service organizations. "Our effort should be integrated with existing projects in the larger community. For example, we can

assist in 'health fairs' conducted by community organizations to benefit the senior citizens."

The committee, chaired by Dr. Roger Espiritu, one of the group's advisers, assured the success of the annual fiesta with good food, entertainment and games for the children. Once again, members and guests were treated to an array of Filipino delicacies with this year's lechons donated by Dr. Espiritu, a Navy Captain-selectee, and by CPO selectees Simon, Ichan, Maristela, Merza, and Cadiente.

On hand for the occasion were the Commander of the Naval Medical Command, Northwest Region, Captain T.F. Levandowski; the Naval Hospital's Commanding Officer, Captain A.M. Martinson; and the hospital's Executive Officer, Captain J. Bouvier, all of whom attempted to try their agility in dancing the "Tinikling" as shown by the Fernandez family. The performance rendered by the Fernandez family highlighted the event and proved no less vibrant than when they performed during the welcoming ceremony of USNS Mercy by the city of Oakland at the Naval Supply Center's port.



NAVHOSP honors new "Bull" ensign

Lieutenant Junior Grade selectee Hunt C. Russell (left), medical equipment manager at Naval Hospital Oakland, passes the honorary "bull ensign" signifying the senior ensign of the command to Ensign Christine Congdon of the laboratory.



Surprise, RM2 Jansen!

Captain T.F. Levandowski surprised Radioman 2nd Class E.J. Jansen with an unexpected medal. Capt. Levandowski awarded her the Navy Achievement Medal for "outstanding professional achievement" working for the Northwest Region's Administrative Department. Among her many achievements were RM2 Jansen's strengthening the Classified Material Program to a zero deficiency during an unannounced audit. (Photo by AN Deborah Davis)



Bremerton honors JSOQ

Dentalman Dawn Stewart cheerfully takes a Letter of Commendation from Capt. Billie Mason, commanding officer of the Naval Dental Clinic, Bremerton. DN Stewart was recently recognized as the command's Junior Sailor of the Quarter.

Our Constitution:

Nov. 20, 1987

Our final installment in the Federalist series
The judiciary at work:

Desegregating public schools—a case study

by Jonathan Arnowitz

Part of the genius of our Constitution is its brilliant balance of power. Nowhere is this ingenuity clearer than in the judiciary. Typical of the Federalists, they framed the judiciary both with the most authority and the least amount of power. The judges are the farthest removed from the people, yet they are most dependent on the people's representatives.

To secure an independent judiciary, federal justices are appointed to life terms. Therefore, they need not consider political pressure or the passions of people.

An example of their independence and, conversely their dependence of our judiciary is the famous *Brown vs. Board of Education* decision.

Brown vs. Board of Education decision declared that segregated schools were unconstitutional. The court demanded the end of segregated schools for whites and blacks. The so-called "separate but equal" public schools were intolerable in the words of the court decision: "segregation of children solely on the basis of race, even though the physical facilities and other 'tangible' factors may be equal, deprive the children of the minority group of equal educational opportunities..."

The court's opinion was unequivocal; it goes on to state that racial segregation "generates a feeling of inferiority as to their status in the community that may affect their hearts and minds in a way

unlikely ever to be undone.

Nevertheless, the court's opinion was ignored. The Supreme Court had no power to enforce its decision. The justices had to rely on local courts, the executive and Congress. The local courts in the South were often for racial segregation. Furthermore, Congress was blocked from action owing to a block of conservative southern legislators.

President Eisenhower's justice department chose an enforcement allowing parents to choose the schools they wished their children to attend. White kids, who were in far better schools, rarely chose to attend black schools. Blacks were often both physically and verbally coerced into staying in their under-funded schools. Many black parents were fired from their jobs if their employer learned their children were attending a white school. Furthermore, many neighborhoods, usually in the North, were segregated white and black. Consequently, kids choosing schools in their school districts would still attend segregated schools.

In the 1960s, the Supreme Court received support. First Congress passed civil rights laws. These civil rights acts outlawed the South's racial discrimination laws.

Under Presidents Kennedy and Johnson, the executive aggressively enforced the desegregation of the southern schools. Desegregation was seen as a southern problem, namely because the

south had *de jure* segregation, meaning by law. As mentioned above these segregation laws were struck-down by Congress.

However, in the North there was *de facto* segregation. Segregation by the fact that there were all white neighborhoods and all black neighborhoods. The courts now turned toward enforcing desegregation in these schools; this meant radically re-drawing school districts and busing kids from all-white schools and from all-black schools. The courts now looked North to desegregate schools.

Once again the Supreme Court faced opposition. President Nixon took office in January 1969 vowing to continue the "freedom of choice" program, and stop school busing. The opportunity to stop busing came when Chief Justice Earl Warren retired from the Supreme Court. Appointing a new chief justice, Nixon was sure to pick someone opposed to busing.

Chief Justice Warren Berger was appointed in 1969. Nixon was in control of who he appointed. However, once Berger was appointed and confirmed, Nixon lost all ability to influence him as he assumed his for-life seat as chief justice. In short, Berger changed position on busing and court-ordered busing in Northern schools became in effect the law of the land.

Once again, the Supreme Court could not enforce its own decision. Nixon certainly did not strongly commit his

Justice Department on the issue. However, Nixon was often bypassed by the local northern courts which were more liberal and more amenable to desegregation.

There were cities where judges would not enforce busing. In those cities, little could be done with no strong executive.

Judges who ordered busing created a public uproar in many northern cities. The judges had the courage to defy this outrage by virtue of their independence from the pressure of the people.

Furthermore, not all court-ordered desegregations in the North were busing orders. In the city of Oak Park, Mich., an all-white suburb of Detroit, desegregation was achieved by simply adding an adjacent all-black community, Royal Oak Township, to the Oak Park school district. The local courts all handled desegregation in their own manner, some to be sure by ignoring it.

The *Brown vs. Board of Education* decision was handed down in 1954. The highest authority of our country then spoke of the unconstitutionality of segregated schools. Yet now, in 1987, 33 years later, there are still segregated school districts.

The Supreme Court is as interdependent in our government as every other branch. This interdependency creates slow change, sluggish progress, and continual compromise: Madison and Hamilton wouldn't have it any other way.

How a national judiciary will work in a republic

The Federalist No. 82: HAMILTON
May 28, 1788

To the People of the State of New York

The erection of a new government, whatever care or wisdom may distinguish the work, cannot fail to originate questions of intricacy and nicety; and these may in a particular manner be expected to flow from the establishment of a constitution founded upon the total or partial incorporation of a number of distinct sovereignties. 'Tis time only that can mature and perfect so compound a system, can liquidate the meaning of all the parts, and can adjust them to each other in a harmonious and consistent WHOLE.

Such questions accordingly have arisen upon the plan proposed by the convention, and particularly concerning the judiciary department. The principal of these respect the situation of the state courts in regard to those causes, which are to be submitted to federal jurisdiction. Is this to be exclusive, or are those courts to possess a concurrent jurisdiction? If the latter, in what relation will they stand to the national tribunals? These are inquiries which we meet with in the mouths of men of sense, and which are certainly intitled to attention.

The principles established in a former paper teach us, that the states will retain all pre-existing authorities, which may not be exclusively delegated to the federal head; and that this exclusive delegation can only exist in one of three cases; where an exclusive authority is in express terms granted to the union; or where a particular authority is granted to the union, and the exercise of a like authority is pro-

hibited to the states, or where an authority is granted to the union with which a similar authority in the states would be utterly incompatible. Though these principles may not apply with the same force to the judiciary as to the legislative power; yet I am inclined to think that they are in the main just with respect to the former as well as the latter. And under this impression I shall lay it down as a rule that the state courts will retain the jurisdiction they now have, unless it appears to be taken away in one of the enumerated modes.

The only thing in the proposed constitution, which wears the appearance of confining the causes of federal cognizance to the federal courts is contained in this passage—"The JUDICIAL POWER of the United States shall be vested in one supreme court, and in such inferior courts as the congress shall from time to time ordain and establish." This might either be construed to signify, that the supreme and subordinate courts of the union

should alone have the power of deciding those causes, to which their authority is to extend; or simply to denote that the organs of the national judiciary should be one supreme court and as many subordinate courts as congress should think proper to appoint, or in other words, that the United States should exercise the judicial power with which they are to be invested through one supreme tribunal and a certain number of inferior ones to be instituted by them. The first excludes, the last admits the concurrent jurisdiction of the state tribunals: And as the first would amount to an alienation of state power by implication, the last appears to me the most natural and the most defensible construction.

But this doctrine of concurrent jurisdiction is only clearly applicable to those descriptions of causes of which the state courts have previous cognizance. It is not equally evident in relation to cases which may grow out of, and be peculiar to the constitution to be established: For not

to allow the state courts a right of jurisdiction in such cases can hardly be considered as the abridgement of a pre-existing authority. I mean not therefore to contend that the United States in the course of legislation upon the objects entrusted to their direction may not commit the decision of causes arising upon a particular regulation to the federal courts solely, if such a measure should be deemed expedient; but I hold that the state courts will be divested of no part of their primitive jurisdiction, further than may relate to an appeal; and I am even of opinion, that in every case in which they were not expressly excluded by the future acts of the national legislature, they will of course take cognizance of the causes to which those acts may give birth. This I infer from the nature of judiciary power, and from the general genius of the system. The judiciary power of every government looks beyond its own local or municipal laws, and in civil cases lays hold of all subjects of litigation though the parties within its jurisdiction though the causes of dispute are relative to the laws of the most distant part of the globe. Those of Japan not less than of New-York may furnish the objects of legal discussion to our courts. When in addition to this, we consider the state governments and the national governments as they truly are, in the light of kindred systems and as parts of ONE WHOLE, the inference seems to be conclusive that the state courts would have a concurrent jurisdiction in all cases arising under the laws of the union, where it was not expressly prohibited.

Here another question occurs—what continued on next page

The 14th Amendment

AMENDMENT XIV

[Proposed by Congress on June 16, 1866; declared ratified on July 28, 1868.]

Section 1

[Citizenship Rights Not to Be Abridged by States]

All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

Not as serious as they look

Children with colds don't need MDs

by Dr. Stephen Meyers, Pediatrics Department

A common complaint heard in Pediatrics and Family Practice are varying flu related symptoms. The flu syndrome is common during the fall and winter months.

Your child will commonly have fevers of 102 to 104 degrees at onset of symptoms along with vomiting for 24 to 48 hours. Diarrhea may often start within the first 24 hours and will in most cases last a minimum of one week, commonly 2 weeks, and in a few cases, 3 weeks. Many parents worry about dehydration which is usually only a problem in the young infants.

We all possess at home a unique medical instrument called a "finger-o-meter" which gives us a good idea of current hydration status. Simply place your index finger in the mouth of your child, rub around some and then remove. If your finger reads slobbery wet, rest assured that hydration status is adequate. Other signs of potential dehydration are less frequent urination, no tears while crying, poor skin color, and weight loss.

The vomiting is a self-limited problem and is treated by giving clear liquids such as tea, pedialyte, juices, etc., in small and frequent amounts. Once vomiting has resolved or is only an occasional thing, go ahead and begin foods such as toast or crackers, applesauce, cereals, or bananas. Again, do not be concerned about the diarrhea unless there is blood or lots of mucous in the stool. Forge ahead with solid foods and be assured that the diarrhea will go away.

Another common complaint heard in Pediatrics and Family Practice is: "My child has had a runny nose and cough for weeks now." It seems like our young children constantly have colds. The nose is terribly runny or congested. There is frequently a deep, congested sounding

cough, like a pneumonia. Colds frequently start out with fevers of 102 to 104 degrees which may last for 24 to 48 hours and are associated with a tremendous watery discharge from the nose.

Frequently the younger children and infants are miserable because of the congestion and find it difficult to sleep at night (as well as the parents). Many children will go on to develop a productive or congested sounding cough, especially at night. Congested coughs that are associated with runny noses and congestion are generally only caused by post nasal drainage of secretions along with the collection of these secretions at the opening of the airway to the lungs. These coughs then become essential or protective by keeping these oral secretions out of the lungs and thereby preventing pneumonia.

If a cough lasts more than 7 days, or if the child is prone to having wheezing or asthma, or if fever again develops after the initial fever episode, or if your child is noted to breathe at a fast rate while asleep or with difficulty, then your child should be seen by a physician.

There is no cure for colds except for time which may be up to two weeks in most cases. Please note that parental smoking prolongs the symptoms far longer than normal because of paralyzed lung and immune function. Commonly, many children will piggy back one viral infection on top of another and will seem to have a cold for many months. Most young children will have an average of nine colds per year for the first few years of life.

Decongestant medications may be used in children older than 12-18 months of age if desired, although these will not shorten the course of the cold. Commonly used decongestants such as Dimetapp, Sudafed, Triaminic, Actifed, etc., do not require a prescription.



NWREG honors MIS employee

Fred Perea of the Management Information Systems department is congratulated by Captain T.F. Levandowski after receiving a length of service award. (Photo by AN Deborah Davis)

Feds supercede state courts

continued from previous page

relation would subsist between the national and state courts in these instances of concurrent jurisdiction? I answer that an appeal would certainly lie from the latter to the supreme court of the United States. The constitution in direct terms, gives an appellate jurisdiction to the supreme court in all the enumerated cases of federal cognizance, in which it is not to have an original one; without a single expression to confine its operation to the inferior federal courts. The objects of appeal, not the tribunals from which it is to be made, are alone contemplated. From this circumstance and from the reason of the thing it ought to be construed to extend to the state tribunals. Either this must be the case, or the local courts must be excluded from a concurrent jurisdiction in matters of national concern, else the judiciary authority of the union may be eluded at the pleasure of every plaintiff or prosecutor. Neither of these consequences ought without evident necessity to be involved; the latter would be entirely inadmissible, as it would defeat some of the most important and avowed purposes of the proposed government, and would essentially embarrass its measures. Nor do I perceive any foundation for such a supposition. Agreeably to the remark already made, the national and state systems are to be regarded as ONE WHOLE. The courts of the latter will of course be natural auxiliaries to the execution of the laws of the union, and an appeal from them will as naturally lie to that tribunal, which is destined to unite and assimilate the principles of national justice and the rules of national decisions. The evident aim of the plan of the convention is that all the causes of the specified classes, shall for weighty public reasons receive their original or final determination in the courts of the union. To confine therefore the general expressions giving appellate jurisdiction to the supreme court to appeals from the subordinate federal courts, instead of allowing their extension to the state courts, would be to abridge the latitude of the terms, in subversion of the intent, contrary to every sound rule of interpretation.

But could an appeal be made to lie from the state courts to the subordinate federal judiciaries? This is another of the questions which have been raised, and

of greater difficulty than the former. The following considerations countenance the affirmative. The plan of the convention in the first place authorizes the national legislature "to constitute tribunals inferior to the supreme court." It declares in the next place that, "the JUDICIAL POWER of the United States shall be vested in one supreme court and in such inferior courts as congress shall ordain and establish"; and it then proceeds to enumerate the cases to which this judicial power shall extend. It afterwards divides the jurisdiction of the supreme court into original and appellate, but gives no definition of that of the subordinate courts. The only outlines described for them are that they shall be "inferior to the supreme court" and that they shall not exceed the specified limits of the federal judiciary. Whether their authority shall be original or appellate or both is not declared. All this seems to be left to the discretion of the legislature. And this being the case, I perceive at present no impediment to the establishment of an appeal from the state courts to the subordinate national tribunals; and many advantages attending the power of doing it may be imagined. It would diminish the motives to the multiplication of federal courts, and would admit of arrangements calculated to contract the appellate jurisdiction of the supreme court. The state tribunals may then be left with a more entire charge of federal causes; and appeals in most cases in which they may be deemed proper instead of being carried to the supreme court, may be made to lie from the state courts to district courts of the union.

Quote of the Week

"The greatest of faults, I should say, is to be conscious of none."

—Thomas Carlyle

"A teacher who is attempting to teach without inspiring the pupil with a desire to learn is hammering on a cold iron."

—Horace Mann, educator

"I am not young enough to know everything."

—James Matthew Barrie

Navy League honors the top Reservists in the Bay Area



Top-ranking Navy Leaguers and "Outstanding Bay Area Reservists of the Year" join ranks for congratulations following Oakland Council's annual awards dinner. Left to right: Jack Giblin, Oakland Council president; Master Chief Firefighter Phillip Hoxie, Coast Guard Reserve; Personnelman 1st Class Timothy Hoffman, Naval Reserve; Jack Morse, national president of the Navy League; and Sergeant Roy Tuason, Marine Corps Reserve. (Photo by JOC M.D. McGougan)

Military must support dependents

by Lt. Robert Ventrella, USNR (JAGC)

Legal Assistance Officers are often involved in the area of nonsupport of dependents. It is an all too common sight to have a dependent sitting in my office who needs financial support, but is being denied it by a military spouse.

According to Naval regulations, the duty of a servicemember to support his or her dependents continues despite physical separation. The Naval Military Personnel Manual states: "All members shall provide adequate and continuous support for their lawful dependents and comply fully with the provisions of separation agreements and valid court orders."

Although courts are often reluctant to interfere in ongoing marriages where support is an issue, the Navy has no such reluctance.

Failure to provide "adequate and continuous support" could result in administrative action, such as counseling, remarks in the fitness report or performance evaluations, ineligibility for reenlistment or extension, or even administrative discharge from the service. A servicemember also faces the possibility of disciplinary action for what is termed "dishonorable failure to pay just

debts."

Dependents can take a number of actions to enforce support if a court order for support exists. Failure to make payments under a support order for two months or more may result in an involuntary allotment. The involuntary allotment is set up by action through either a District Attorney or a state welfare agency. It will be used to collect the support payment directly from the Navy Finance Center.

Another way for dependents to collect support is by garnishment. Garnishment requires the person seeking the remedy to obtain a court order which in effect attaches part of one's pay, in order to pay support.

In many states, a servicemember who fails to support his legal dependents risks criminal prosecution. Failure to obey court orders could result in a fine or imprisonment or both.

The laws in the area of dependent support are complex. If you have any questions about your obligations, you should consult a Legal Assistance Attorney rather than run the risk of facing any of the above. For additional information, call 415-869-3251.

Help for single parents

by Liz Pratt, Child Development Specialist

Single parenting is becoming more prevalent in the military. More than 24,000 Navy personnel with no spouse claim dependents. One in five children in the U.S. live in single parent households.

It is not an easy method of parenting, as many active duty members are finding out. Duty and deployments which interrupt family life are even more difficult for the single parent. A parent "stand-by" is required for these military families. This is especially important because of obligations which may require immediate mobilization or unaccompanied assignments. Navy policy has been established (OPNAVINST 1740.4) so as to ensure children of single parent active duty members will be adequately cared for in such instances.

There are also financial difficulties, although military single parents may find it somewhat easier than many of their civilian counterparts. While raising children on one income is sometimes a struggle, active duty members have more

job permanency than do civilians.

The positive aspects of being a single parent are often not recognized. Some of the rewards include: a new perspective on child rearing as single parents take all parental responsibilities; a closer relationship with their children; the potential for more self-reliance and responsibility in children of single parent families.

To assist the growing active duty single parent population, Family Service Centers at Treasure Island and NAS Alameda are organizing a support group. The purpose of the group is to cover issues significant to military single parenting, and provide a supportive environment where parents can express concerns. Through getting together with others in similar family lifestyles, parents will share solutions for coping with the situations unique to them.

The group will meet in the Family Service Center Conference Room, NAS Alameda, on the fourth Tuesday evening of each month. Child care will be subsidized on a pre-registration basis. Contact the FSC at NAS, 869-4111 for more information.



Signalman 1st Class Paul Six, admin assistant, runs a test copy on one of the two new high performance copiers recently installed at Naval Medical Command, Northwest Region headquarters. Although more complex to operate than older models previously used, the new

copiers will give the NAVMEDCOM NW Region headquarters staff a quicker, more efficient system for producing and disseminating instructions and other information for echelon four medical facilities. (Photo by AN Deborah Davis)



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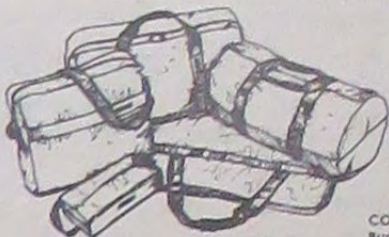
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Norwester

Navy's first female IDC

Chief Kildow pioneers new medical program



Chief Hospital Corpsman Cherie Kildow shares an interesting billing problem with her clinical assistant Hospital Corpsman 3rd Class Dan Carney. (Photo by AN Deborah Davis)

By Jonathan Arnowitz

Making diagnoses, treating patients, performing limited laboratory procedures, and maintaining administrative duties is the normal course of work for almost any Independent Duty Corpsman. However, for one Independent Duty Hospital Corpsman (IDC) it is most extraordinary.

Because not only is Chief Hospital Corpsman Cherie Kildow a woman; but, she is not assigned to a ship. Instead she works out of the newly re-established Branch Medical Clinic, at Naval Facility, Centerville Beach.

The small, remote Naval Facility, about 300 miles north of Naval Hospital, Oakland, did not have a medical staff. The unique solution to the absence of a Navy medical staff was the establishment of an Independent Duty Corpsman billet at the base.

"Before, I was just typing up bills and acting as a bill collector," remarked Chief Kildow. "I couldn't see anybody without a doctor on base. Whenever anybody came in for sick call they had to be sent to a civilian doctor. I could not function in my rate here."

Things changed quickly for Chief Kildow when a new commanding officer took charge of Naval Facility, Centerville Beach.

"As soon as Commander Reid came on board he made medical care a major priority," Chief Kildow stated. "He said that it wasn't right for me to not use more of my medical skills and be able to help

patients. He said I should have the same responsibilities as if I was aboard a ship."

As a result of Cmdr. Reid's efforts, Chief Kildow became the first female IDC in the Navy.

"It wasn't that big a deal," explained Chief Kildow, "the billet is for a female IDC. Because, this base is predominately female, someone on the clinic staff had to be female. They simply made the IDC billet for a female."

Not only is the Centerville Chief the first female IDC, she is also the first Independent Duty Hospital Corpsman—male or female—to be credentialed in the continental United States. The program is designed to deliver health care to Navy personnel at small isolated bases in the United States.

"I really feel the pressure is on," related Kildow. "The IDC program is an experiment. If I fail, the program dies. If I do well, then other IDCs will be able to see patients throughout the United States."

"So, I'm under close scrutiny. I am working real hard to succeed for the others who can benefit from this program."

The chief pointed out that previously, regardless of how minor the medical need, anybody on base needing medical attention had to be sent out to the civilian medical community.

"It was inefficient before Chief Kildow became a credentialed IDC," said Ensign Cecile Powell of Centerville Beach. "If

please see page 4

Clinics Command opens branch clinic at remote base

By Jonathan Arnowitz

Naval Facility, Centerville Beach, along California's north coast where the closest city is a small village of Victorian houses, appeared to be a forgotten Navy outpost with no health care facilities.

That is, until the Medical Clinics Command, San Francisco, recently re-established a Branch Clinic and thereby creating the first-ever continental United States (CONUS) credentialed Independent Duty Corpsman (IDC) billet.

Credentialed an Independent Duty Corpsman to handle care on a base in the continental United States provided a creative solution with far-reaching implications.

IDCs are usually the only medical asset aboard a small ship at sea. They act in lieu of a medical doctor, performing minor treatments and diagnoses aboard a ship. For more involved care an IDC refers patients to doctors aboard larger

ships or to a Navy medical facility.

Utilizing an IDC at remote bases can possibly save the Navy thousands of dollars. Under the old system of sending all military to the civilian community, the medical bills at Centerville Beach crept upwards to \$200,000. The present system reduces that figure significantly.

Cutting costs has not been the only benefit of a functioning IDC. Treating the majority of cases on base saved the facility hundreds of manhours because the command now controls sick call.

"Without any on-base authority, anybody who was sick, whether serious or mild, had to be sent off base to a civilian physician. We could not second guess an illness or do any diagnosis on our own. We were totally out of control of the situation," reported Commander J. C. Reid, commanding officer of Naval Facility, Centerville Beach.

"Instead of staying on base and treated in a half hour, someone on sick

call would be gone half a day going to town or sending them TAD to Naval Hospital, Oakland—even for a simple physical," noted Chief Hospital Corps-

man Cherie Kildow, the Independent Duty Corpsman for Centerville Beach.

The IDC works with the civilian doc-

please see page 4



A patient walks into the newly re-established Branch Clinic, Centerville Beach. The clinic is the newest of nine Naval Medical Clinics under the charge of the Medical Clinics Command, San Francisco. (Photo by AN Deborah Davis)

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Shanti caring, support for the terminally ill

By Marian L. Smith

Reprinted from *The Fog Horn*

Shanti is derived from a Sanskrit word meaning "inner peace." The Shanti project was formed in 1974 to provide peer counseling for people with catastrophic illnesses such as cancer. In 1984, with AIDS reaching epidemic proportions, the city of San Francisco asked Shanti to turn its focus to those affected by the AIDS epidemic, who reside in the City and County of San Francisco.

Shanti's main objective is to lend a non-judgmental ear and free emotional support to people with AIDS (PWAs) and their loved ones.

The first of Shanti's five main services is the Emotional Support Program. Volunteers are trained to work with AIDS inflicted individuals and their families, friends or lovers. More than 350 volunteers provide 7,800 hours of companionship and support each month.

The 46-hour training course prepares the volunteer to deal with a PWA on a one-to-one basis. The course teaches volunteers to be able to listen to and iden-

tify with someone's feelings, but not try to solve every problem. Volunteers are required to dedicate eight hours a week to their clients. Two of those hours are spent at weekly support meetings where the volunteers can share their own frustrations and experiences with each other. There are currently 600 volunteers working with Shanti. Training seminars are conducted every two months for 60 volunteers.

The second service is the Practical Support Program, where volunteers provide everyday services, such as cooking, cleaning and shopping. Over 150 people give 3,700 volunteer hours each month in this program. The difference these services make in the lives of PWAs who can no longer provide for themselves is immeasurable.

The third program is done in conjunction with San Francisco General Hospital. Shanti-trained and paid counselors are available for the inpatients of the hospital, and in the out-patient clinic. If a person is diagnosed as positive for the HIV virus, they are immediately



referred to one of these counselors to deal with their initial reactions.

There are 12 houses in the city which were purchased for the purpose of providing a supportive living situation to PWA's. These city-financed homes house 50 AIDS patients at this time. If the individual has an income, 25 percent of that goes for this housing. This service keeps the people off the streets, and provides steady medical care.

Though not its primary objective, Shanti also has an Information and Referral Program. Office volunteers receive up to 400 calls a day from other cities and other countries.

The Shanti Project was made a United Way Agency as of early 1987. Two-thirds of the funding is volunteer contributed while one-third comes from San Francisco. There are 10,000 known cases of AIDS in California. The Shanti Project is here to provide sincere care and a concern for those people with AIDS who need a shoulder to lean on. For more information on The Shanti Project, write to The Shanti Project, 525 Howard St., San Francisco, CA 94105 or call (415) 777-CARE.

The Shanti Project is a Combined Federal Campaign charity.



Balloons give joy, fun for holidays

Brightening his stay at the Pediatric Section of Naval Hospital, Oakland, Paul Johnson receives balloons from a Hospital Corpsman. Joy and goodwill for all was the spirit at the Naval Hospital, Oakland's Combined Federal Campaign balloon sale. During the sale balloons were personally delivered anywhere on the compound. (Photo by AN Deborah Davis)

DoD spreads the word on AIDS

By Evelyn D. Harris

American Forces Information Service

If it seems like you've been seeing and hearing more about AIDS lately than ever before, it's not your imagination. With the theme "America Responds to AIDS," a major public information campaign on AIDS is under way this fall and will continue until the end of the summer of 1988.

The theme was chosen to get across the idea that everyone—parent, teacher, student, minister, community professional—has a contribution to make and a role to play in preventing AIDS.

The campaign's goal is to reduce the incidence of HIV infection in the United States through changes in social norms and behaviors.

The Public Health Service's Centers for Disease Control is coordinating the effort and has awarded a \$4.6 million contract to the Ogilvy and Mather advertising agency to help spread the word. The Department of Defense is joining with other federal, state and local government agencies, businesses and non-profit organizations in the campaign.

Military distribution centers have more than 1.8 million copies of "What You Should Know About AIDS," a Center for Disease Control pamphlet produced for the America Responds campaign. Overseas military TV audiences will see public service spots produced as

part of the campaign. These spots are the same as those distributed to 1,000 TV and 7,000 radio stations in the United States—except that the overseas spots will not feature the toll-free number, 1-800-342-AIDS. For persons calling from within the United States, the number reaches a four-minute recording. The recording ends with a number for a counselor in case the caller wants more information.

In addition to taking part in the America Responds campaign, DoD is continuing its own extensive education efforts. These include spots made for military radio and television, films, print material and articles in DoD publications.

Baez hosts concert for emergency fund

Bay Area performing artists Joan Baez, Jerry Garcia and Bob Weir and concert producer Bill Graham have announced a holiday concert to raise public awareness of the plight of individual AIDS patients and to lift the spirits of the community.

"Joan Baez and Friends: A Christmas Concert" will be held Thursday, Dec. 17 at 8:45 p.m. at the Warfield Theatre, San Francisco. In addition to longtime Bay Area favorite Joan Baez, performing artists will include Jerry Garcia and Bob Weir of the Grateful Dead, Mimi Fariña, Linda Tillery, Emmitt Powell and the Gospel Elites, the San Francisco Gay Men's Chorus (Gregg Tallman, Artistic Director) and the Lesbian and Gay Chorus. Scott Beach will be the Master of Ceremonies.

A portion of the concert proceeds will benefit the AIDS Emergency Fund, a

non-profit, non-political and tax-exempt organization which assists AIDS patients in meeting their daily needs for food and shelter. Artists, performers, technicians and many other support staff are generously donating their time for the event.

"AIDS is a serious issue, one that requires a serious commitment from all of us. The night of December 17, we'll get together and celebrate the task at hand," said Bob Weir.

Supervisor Harry Britt, whose staff is assisting with community outreach, added, "Even in San Francisco, where public concern over AIDS is high, there is insufficient awareness of the plight of individual AIDS patients." He explained they usually face overwhelming medical expenses and a hampered ability to earn adequate incomes, sometimes more as a result of prejudice than physical disabili-

ty. "These individuals already face insurmountable medical and psychological problems related to AIDS," said Hank Cook, president of the fund. "We believe they should not have to face financial problems as well." Current estimates indicate that approximately one-third of persons diagnosed with AIDS have exhausted their financial resources and live at subsistence level.

Free concert tickets are available for a group of AIDS patients by contacting the fund.

At a cost of \$20 each, tickets for the Christmas Concert are available through BASS outlets starting Sunday, Nov. 22. To charge by phone, call: (415) 762-2277 or (408) 998-2277. Persons wishing to donate directly should send checks to AIDS Emergency Fund, 1550 California Street, San Francisco, CA 94109.

Pets: the companion that won't abandon PWAs in time of need

Pets Are Wonderful Support for people with AIDS/ARC (PAWS for PWAS) has been established as a California non-profit corporation. This organization has been formed in the belief that one of the best supports that people with AIDS/ARC can have is their pets. Frequently, because of financial constraints or disability, the person with AIDS/ARC finds himself unable to care for his pets. PAWS for PWAS will provide services such as dog walking, transportation to and from veterinary appointments, and financial aid for qualified persons for pet

food and supplies as well as acute-need veterinary care. PAWS for PWAS will assist in placement of pets in new homes should that become necessary. In addition PAWS for PWAS will be working with other AIDS and Humane organizations to educate the lay and medical communities about the relationship of pets and AIDS.

The American Conservatory Theatre will be hosting a benefit performance of its acclaimed production of Charles Dickens' *A Christmas Carol* for PAWS for PWAS on Dec. 8 at 8 p.m. at the

Geary Theatre. Tickets, priced at \$15, \$25 and \$35, may be purchased at the A.C.T. box office or by contacting PAWS for PWAS at (415) 626-7539 or at P.O. Box 146489, San Francisco 94114. Tickets for a special post-performance cast party are priced at \$20 per person and may be purchased by calling (415) 626-7539.

PAWS for PWAS also needs people who can provide homes for animals, office assistance, help with transportation and in-home care of animals. If you can help, please telephone (415) 626-7539.

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Public Affairs Officer... H.G. Thomas
Editor... Jonathan S. Arnowitz
Editorial Consultant... JOC Mike McGowan
Staff Photographer... AN Deborah Davis

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News



Commander Joel Crabbe (left) commanding officer of the Navy Drug Screening Lab, Oakland and Lieutenant Commander F.J. von Tersch (right), executive officer of the lab, demonstrate new drug screening test equipment to Captain Samuel Sha, MC, Chinese Navy, during his recent informal visit to the Northwest Region. (Photo by Howard Thomas)

Taiwan Hospital Commanding Officer

Capt. Sha visits GEOCOM

By Howard Thomas

Captain C.H. Sha, MC, CN (Chinese Navy) is commanding officer of 811 Armed Forces Hospital on Penghu, Taiwan. He recently visited the United States as a speaker for the Annual American Academy of Medical Administrators (AAMA) Conference and Convocation.

During his stay in the U.S. he paid an informal visit to an old friend and medical colleague: Captain T.F. Levandowski, commander, Naval Medical Command, Northwest Region. Capt. Sha toured the Hospital Ship Mercy; the Fleet Hospital

Support Office; and the Navy Drug Screening Lab, Oakland.

This was not Capt. Sha's first visit to Oakland Navy medical facilities. He spent nearly a year here in 1965 studying preventive medicine. He returned in 1978 for training with Disease Vector Ecology and Control Center.

Capt. Sha's career includes a tour as deputy surgeon general R.O.C. He was founder of his country's submarine medicine program in addition to serving as medical liaison to the United States Navy.

"The hospitalization and outpatient medical care services to the armed forces personnel of the Republic of China on Taiwan are provided by 19 military hospitals located throughout Taiwan proper and off shore islands of Penghu and Kinmen," Capt. Sha explained.

As a featured speaker at the AAMA conference, Capt. Sha detailed the quality assurance inspection criteria for military hospitals in Taiwan.

"The quality assurance inspections are aimed at further strengthening the management and administration of all the military hospitals," said Dr. Sha. "Our goal is improving working conditions and environment; ensuring the highest possible standard of health care services are rendered to the military personnel, their dependents, and all other designated beneficiaries by these hospitals."

Oak Harbor Hospital bans smoking

This past November, Naval Hospital, Oak Harbor, became a smoke-free hospital. To commemorate the great smokeout this year, and in their effort to promote better health, the Naval Hospital will not allow smoking in the building.

All people who wish to smoke at the Hospital will have to go outside. Of course the best thing to do would be to quit smoking for good: you'll breathe easier, and so will the people around you.

Army Capt. learns at NAVHOSP

By Journalist 1st Class Dan Guiam

What's an Army captain doing in the health care administration at Naval Hospital, Oakland?

"Simply observing," was Army Captain Richard Holmes casual reply when asked by curious staffers during his recent one-week assignment at the hospital.

Holmes embarked on a research project under the Army's Baylor University Program in health care administration as a full-time student. He also has been an administrative resident with the Army's

Letterman Medical Center since reporting to the Presidio in San Francisco last July.

As part of the curriculum, Holmes has selected the naval hospital, David Grant Medical Center at Travis Air Force Base, and the civilian Pacific Coast Hospital to serve as the basis for his comparative studies on health care administration. The Baylor program requires a student to complete 60 hours of formal schooling, a year of residency and a research project approved by the university's faculty.

While at the naval hospital, Holmes received a variety of briefings: from sitting in on the commanding officer's daily morning meeting with hospital directors, to observing health care workers in the many wards of the hospital.

"My goal was to see other systems of health care delivery in the military," Holmes said. "I have seen much, but a week is not enough to appreciate the system fully. The open frankness of hospital personnel in discussing their problems, success, and aspirations highlighted my stay in the hospital. This has greatly increased my appreciation for the dynamics of the operations."

Holmes noted the chain of command is a major difference between the Navy and the Army in hospital administration. The Army, he pointed out, has two separate commanding officers to tackle the issues of medical care and staff personnel discipline.

"We don't discuss violations of the UCMJ or anything that doesn't have anything to do with running a hospital in our medical meetings," he said. That's
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Army Captain Richard Holmes (right) discusses an administrative procedure with Executive Officer Captain John Bouvier during a special orientation at Naval Hospital, Oakland. (Photo by AN Deborah Davis)

Take a seat Bruce!



Hospitalman Bruce Broussard of headquarters staff takes a brief opportunity to sit in the chair of Commander, Naval Medical Command, Northwest Region as a "reenlistment incentive" with Captain T.F. Levandowski giving his smiling approval. HN Broussard was reenlisted Nov. 20 by Capt. Levandowski and will report to Camp Pendleton to start the new year and a tour with the Marines. (Photo by AN Deborah Davis)

Navy League adopts USNS Mercy



John Giblin (far right), president of the Oakland Council of the Navy League, shakes hands with Captain Richard Hosey (second from right), master of the USNS Mercy (T-AH 19), following presentation of a plaque signifying the council's "adoption" of the hospital ship. Commander James Hanrahan (left), officer in charge of the cadre crew in the Mercy's medical treatment facility, holds a clock that was also presented by the council during its "adoption ceremony" held aboard the hospital ship at Oakland's Naval Supply Center Nov. 19. The Navy Leaguers of the Oakland Council also recently adopted the Naval Hospital, Oakland, and have previously adopted several Bay Area homeported ships in an ongoing program of support to the sea service. (Photo by JOC M.D. McGaugan)



Chief Hospital Corpsman Cherie Kildow examines Ocean Systems Technician Seaman Deanna Ridgeway at the Branch Clinic, Centerville Beach. Chief Kildow is not only the first female Independent Duty Corpsman (IDC); she is also the first IDC credentialed in the continental United States. (Photo by AN Deborah Davis)

Kildow—Navy's first female IDC

continued from page 1

you were sick, you went to the chief and she would certify you were sick and then you had to go into town."

When Chief Kildow assumed her IDC duties, she immediately won Navy medicine some newfound respect.

"She's the backbone of the clinic," explained Seaman Anne Kraft, administrative assistant for the Branch Clinic. "She's a compassionate and caring person, and all that, but if she thinks you're being a 'skate' she'll let you know that too."

Now, when someone comes in for sick call, Kildow can make a diagnosis and determine whether a doctor is needed. Most often she can handle the situation herself.

However, Chief Kildow is not just an IDC, working sick call for four hours a day. She also works sick call whenever the contracted doctors are on base. As an IDC she is on call 24 hours a day. Most importantly, she is also in charge of the Branch Clinic, Centerville Beach.

Consequently, she isn't just an IDC, she's also a one-person branch clinic.

"In addition to my IDC duties, I have to perform all the duties required in a branch clinic. There are safety programs, preventive medicine programs, giving first aid training, GMTs. All the duties and programs that are incumbent of any other branch clinic," Kildow related.

One negative aspect of being stationed in so remote a location is the difficulty in getting medical support. For instance, she can't go to further schooling because another female IDC would be needed to replace her. There are presently no other female IDCs.

The chief also realizes the unique learning experience the assignment has afforded for her. The contracting civilian doctors don't just provide oversight for Chief Kildow, they actively help in training and sharpening her skills.

"We let her assist in surgery, and in other procedures," Dr. Olkin of nearby Fortuna, one of the contracted doctors explained. "We've had ten years experience training nurse practitioners, which the Navy IDC is comparable. So we're in a special situation to help the Navy."

An interesting aspect of the chief's job is her dual capacity as IDC at Centerville Beach and head of the Branch Clinic. Consequently she has to answer not only to Cmdr. Reid, but also to Captain H. H. Sowers, commander, Medical Clinics Command, San Francisco.

"I have two commanding officers and, if you thought keeping one commanding officer happy was hard, try to be responsive to two at the same time," Chief Kildow said with a smile.

As a CONUS IDC, Chief Cherie Kildow can put to work the months of schooling she put in at San Diego, and the training she went through under the Medical Clinics Command, San Francisco. Having taken care of patients here in the continental United States, Chief Kildow now looks forward to her next duty station.

When her duty ends at Centerville Beach, Chief Kildow's greatest desire is to be stationed at an even more isolated base: the Antarctic.

When asked why she would want to go to Antarctica, she responded: "I'm in the Navy, this is my opportunity to do things I could never do and see things I could never see. Why shouldn't I take full advantage."

Remote base opens new branch clinic

continued from page 1

tors contracted to handle any cases needing any extensive care. The contracted doctors work on-site sick call services three mornings a week at Centerville Beach. The doctors also provide oversight for Chief Kildow.

The IDC now can diagnose and refer patients. Holding sick call daily from 7:30 to 10 a.m., the IDC refers those who need follow-up treatment to the civilian contracted doctors. The doctors provide oversight on Chief Kildow as well. The doctors also provide on-site sick call services three mornings a week.

"I work sick call five days a week," stated Chief Kildow. "I also have a beeper, so I can be contacted 24 hours a day. All emergency calls are routed through me."

Medical Clinics Command, San Francisco works with line community to establish new program for Centerville Beach.

The small facility was basically going without any medical support after the base civilian doctor retired in 1985. With no replacement doctor, the command had to send its military personnel to nearby civilian doctors, or all the way to Naval Hospital, Oakland about 300 miles away.

"The loss of manpower was tremendous," related Cmdr. Reid. "If individuals were sent to the civilian sector for treatment we lost them for the whole day. If they were sent to Naval Hospital, Oakland they were gone at least two days, sometimes a whole week."

Cmdr. Reid took charge of solving the problem. He vigorously pursued the re-establishment of a branch clinic at his command. However, finding a method to do so was very difficult.

Captain J. M. Tozer, director for medical services for the Medical Clinics Command, San Francisco, worked tirelessly with the Naval Medical Command Northwest Region to renew Navy medical care at Centerville Beach.

"When medical service was disestablished 270 officers and enlisted men and women were left high and dry," related Capt. Tozer.

Under direction from Captain H. H. Sowers Jr., commanding officer of the Medical Clinics Command, San Francisco, Capt. Tozer re-established medical services to the base in October 1987 after a year of overcoming bureaucratic hurdles.

The medical services were made possible by Naval Medical Command approval. In an unprecedented move, they obtained credentialing that permitted an Independent Duty Corpsman to provide care in the continental United States. Furthermore, the Medical Clinics Command contracted two local civilian doctors for medical services to the base. These two initiatives re-established a branch clinic at Centerville Beach.

"Captain Tozer put in many long hours seeing that the necessary paperwork was done," explained Cmdr. Reid.

CONUS IDC applications at other bases

"An Independent Duty Corpsman working at isolated military bases has enormous potential to be expanded to bases that are isolated from Navy medical facilities," remarked Capt. Tozer.

"Even facilities such as Stockton could benefit using IDCs," Capt. Tozer added. "Bases which are not isolated in the civilian sense of the word, but nevertheless are isolated from any Naval Hospital or Medical Clinic, could use an IDC instead of the civilian medical community, provided proper oversight and back-up are in effect as at Centerville Beach."

IDCs maintain medical skills while on shore duty

The CONUS IDC program also keeps IDCs trained and up-to-date in patient care while on shore duty. This is a situation that has been examined by all levels of Navy Medicine, from individual facilities to the Naval Medical Command.

"The problem we've had with the Independent Duty Hospital Corpsmen is when we brought them ashore they were assigned outside of clinical areas," explained Rear Admiral Joseph Cassells, Commander, Naval Medical Command. "When they went back for another tour at sea without refresher training, they were removed from their application of clinical skills."

"We broke a lot of ground [with a CONUS IDC] in increasing the utilization of Independent Duty Corpsmen," explained Capt. Tozer, "so that Independent Corpsmen's skills don't deteriorate while ashore. This has Navywide implications."

Chief Kildow also pointed out that prolonged non-clinical shore duty couldn't help but affect IDC's patient care abilities.

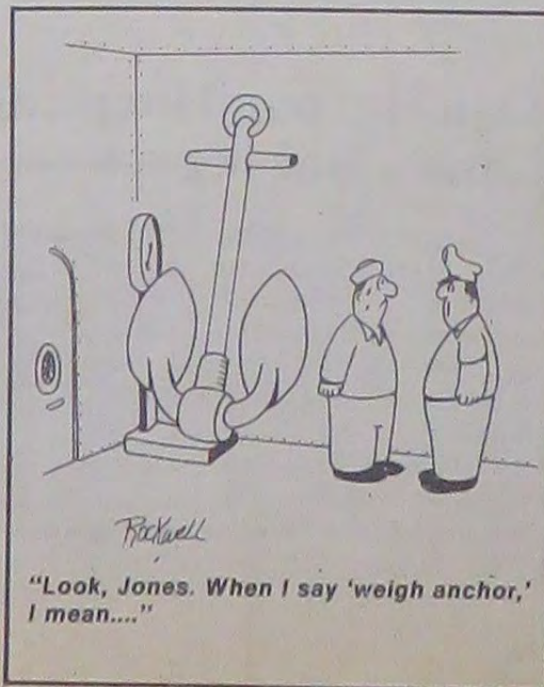
"They are taking people to sea after three years of shore duty as an administrator. Then with just one refresher course there's no way they can be as skilled as they were three years ago," asserted Chief Kildow. "Now, as a CONUS IDC, I am ready, at the height of preparedness, because I am still a practicing IDC."

The resolution of the lack of medical care at the Naval Facility, Centerville Beach, turned a problem into an opportunity. The CONUS IDC could solve not only the delivery of health care to isolated outposts, but also assure the readiness of Independent Duty Corpsmen on shore duty.

However, the greatest benefit of a CONUS Independent Duty Corpsman was best summarized by Cmdr. Reid: "Letting Chief Kildow work as an IDC here means the return of quality medical service to my active duty personnel."



Chief Cherie Kildow dispenses medicine inside the pharmacy in the Branch Clinic at Naval Facility, Centerville Beach.



Dec. 4, 1987



Chief Hospital Corpsman Thomas Foley (center) inoculates a Centerville Beach petty officer. Hospital Corpsman 2nd Class Clarissa Martinelli (right) swabbed the alcohol before the inoculation. Looking on (left) is Commander Robert Brawley, head of preventive medicine for the Naval Medical Clinics Command, San Francisco. They are part of the crew from Naval Medical Clinics Command, San Francisco, sent to support the Branch Clinic, Centerville Beach, by giving the annual flu immunization to the entire crew at Centerville Beach.

Army captain learns from Navy

continued from page 3

handled by a separate chain.

"It's interesting to observe our differences. There are many opportunities between Letterman and Oakland Naval Hospital for mutual cooperation. Both commands are supportive of each other as in good patient flow and disaster preparedness among other things."

The average hospital corpsman, however, is what impresses Holmes the most of Navy medicine.

"While trained to support health care directly, I have also seen the average corpsman managing supplies, aiding reservists, conducting patient administration, counseling and caring for patients and visitors alike, and assisting a host of diverse professions and needs," observed

Holmes. "The corpsmen seem indispensable to the mission."

Holmes enlisted in the Army in 1975. He came in as a lab technician, using his position as a steppingstone to get into the Medical Service Corps. Holmes holds a bachelor's degree in math from Harvard University, a master of science degree in management from the University of Massachusetts, and a masters in health care administration from another university.

Summarizing his observance of the naval hospital, Holmes stated, "This is a constantly evolving organization striving to deliver quality, economical, and appropriate health care."

Everett ship homeport work begins

EVERETT, Wash.—The Navy's newest homeport was initiated here Monday, Nov. 9, amidst the pomp and circumstance of traditional ground breaking ceremonies.

Everett A. Pyatt, Assistant Secretary of the Navy for Shipbuilding and Logistics, joined Washington State Governor Booth Gardner, Everett Mayor Bill Moore, RAdm. J. Paul Reason, Commander, Naval Base Seattle, and Capt. Eugene S. Dvornick, Commanding Officer, Naval Station Puget Sound, in turning the first shovel of earth. The ground breaking followed an enthusiastic gathering of nearly 600 community and civic leaders, businessmen, naval personnel, and base supporters.

"I welcome the Navy to Everett with the understanding that what occurs here, while it will be good for the state and good for Snohomish County, first and foremost will be good for the country," Governor Gardner said. "The U.S. Navy has made a strong, good faith commitment to meet these state (environmental) conditions."

A highlight of the program was a telephone link with Washington's U.S. Congressmen Al Swift (D-Bellingham), Norm Dicks (D-Bremerton), and John Miller (R-Seattle), who were unable to attend due to a heavy floor schedule in Congress. Dicks hailed the event as "a mighty step forward."

"You'll find us good citizens and you'll be proud of us," Mr. Myatt told the standing room only crowd. Speaking about Navy personnel, he said, "These are the best and finest of America and you'll be proud to have them in your city."

The historic occasion was highlighted by the release of nearly 1,000 blue and gold balloons and the traditional "Anchors Aweigh" played by Navy Band Seattle.

Initial construction will include demolition of existing structures, site preparation, earth fill work and installation of utilities. The joint venture of Brinderson-Jones, Inc. was awarded the construction contract, worth \$26.5 million, on Sept. 29.

The Everett facility is the future homeport for USS Nimitz (CVN-68) and 12 support ships, including two Reserve Force frigates which will be under operational control of Commander Surface Squadron THREE, established at Naval Station, Treasure Island.

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Fight fear with facts about AIDS

Here are some facts provided by the DoD HIV/AIDS Information and Education Working Group:

- AIDS is caused by a virus—the human immunodeficiency virus, or HIV.
- A person infected with HIV may seem perfectly healthy but can still transmit the virus to others.
- HIV is found in body fluids, including blood, semen and vaginal secretions. Therefore, the best way to avoid infection is to avoid contact with infected body fluids. However, normal unbroken skin is an effective barrier against the virus.

• Although there are as yet no recorded cases of individuals who became infected with HIV by getting tattoos, experts say that tattoo needles can transmit the virus. If you want a tattoo, make sure that the needles and all equipment are properly sterilized. The same applies to ear piercing.

• The safest sexual partner is one with whom you've had a mutually faithful relationship for at least seven years, who has never abused intravenous drugs and who did not have a blood transfusion between 1978 and early 1985.

• A latex condom lubricated with a spermicide containing non-oxynol-9 provides additional protection against HIV. (Natural condoms have tiny pores through which the virus can pass.) Condoms also protect against other sexually transmitted diseases. Recent scientific research indicates persons who have suffered from other sexually transmitted diseases are at greater risk of becoming infected with HIV. Researchers speculate that this is because these diseases cause lesions, allowing the virus to enter the body more easily.

Correction

The *Norwester* reserves this space to correct any errors that may have inadvertently appeared in our previous issue.

Last week we ran an article about a single parents support group at the Alameda Family Center. The *Norwester* has been advised that the program has been temporarily discontinued. We will notify you should it start again.



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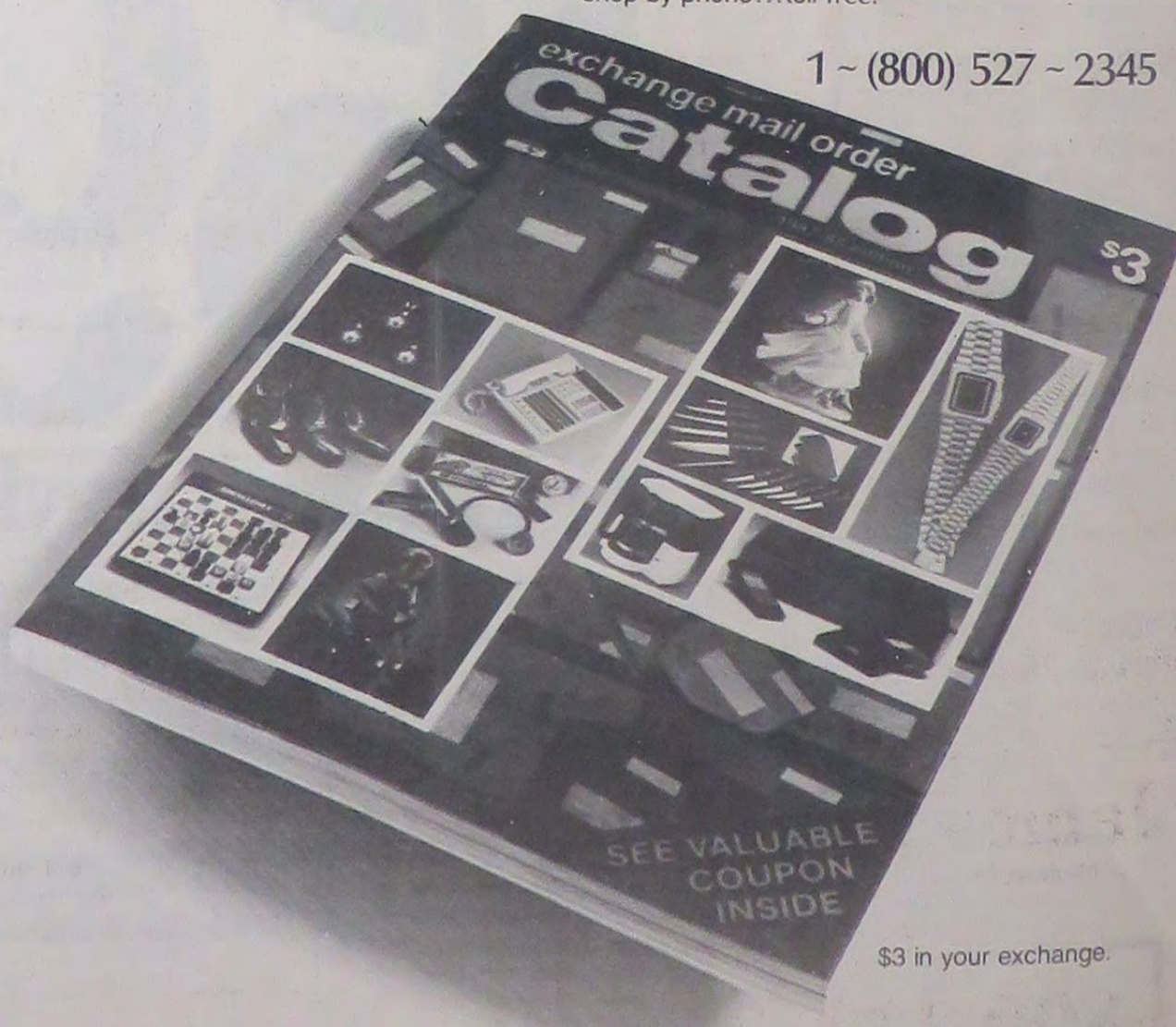
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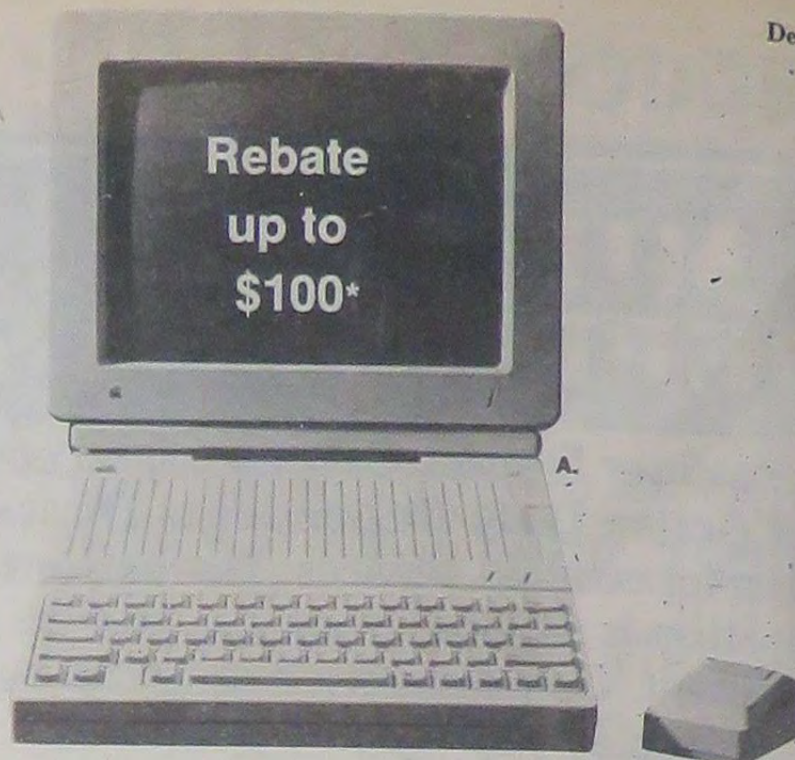
The Macintosh Plus personal computer takes the power and ease of use of the Macintosh, and adds new features for even greater speed, capacity, and convenience. It lets you work naturally with the computer, provides high-resolution text and graphics. It features one megabyte of internal memory, a built-in 800-kilobyte disk drive, a high-speed peripheral connector that can handle up to seven devices and a new keyboard with a numeric keypad and cursor keys.



Apple IIGS™ A2P6010

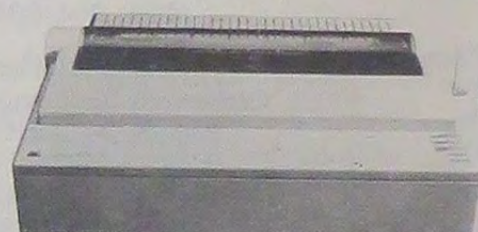
The Apple IIGS Color personal computer takes the Apple® II family to a new level of performance and expandability. It runs most existing Apple IIe and IIc software as much as 2.8 times faster. The video and audio abilities are nothing short of amazing. It has 512K of memory which can be expanded to more than 8 megabytes. The eight expansion slots allow you to add a wide range of peripheral devices.

* Purchase a qualifying Apple® IIc, Apple IIGS™ or Macintosh™ Plus system between Oct. 16, 1987 and Jan. 2, 1988 and receive cash rebates from Apple up to \$200 on select Apple add-ons. All purchases must be made on the same day, in the same store and recorded on the same itemized sales receipt as the system purchase. Visit your local participating Authorized Apple exchange dealer for more information and obtain your Rebate Self-Mailer. This offer is limited to one rebate per system per purchaser, family, household, group or organization. All rebates apply only to the first of any given model of select Apple add-ons purchased per qualifying system.



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Norwester

Former NAVHOSP, Oakland doctor named

NWREG to welcome new Commander



Capt. T.F. Levandowski

On January 8, 1988, the Naval Medical Command, Northwest Region will welcome Rear Admiral David M. Lichtman as the new commander.

Rear Adm. Lichtman will relieve Captain T.F. Levandowski, culminating the captain's relationship with the GEOCOM that started with the inception of the command in 1983, first as Chief of Staff, and then as the Commander of the Northwest Region.

Rear Admiral Lichtman is no stranger to Oak Knoll.

Rear Adm. Lichtman has already served three tours of duty at Naval Hospital,

Know before you go

MAC: Be prepared for heavy holiday traffic

With the heavy holiday traffic, many military personnel will have to travel on a space-available basis on the Military Airlift Command (MAC) at Oakland Airport. Should you find yourself in this situation, the MAC instructions are listed here:

Space Available requirements for travel on Military Airlift Command (MAC) aircraft from Oakland International Airport:

1. Registration—All personnel must register in person. The sponsor may do so for all family members. All pertinent travel documents must be presented at the time of sign-up. These include:

a. A valid military ID Card (active duty, retired, or reservist except children under 10 years of age.)

b. Active duty military must have current leave authorization for overseas or CONUS travel. You must remain in a leave status during your entire waiting.

Oakland. First in 1969 as a resident in orthopedic surgery. Then in 1977 the admiral was appointed chairman of the orthopedic surgery department.

Most recently, in 1983, as part of the new Navy Medicine Reorganization, Rear Adm. Lichtman became the Director of Surgical Services.

Rear Adm. Lichtman's broad range of experience in Navy Medicine

With experiences ranging from ship surgeon to professor, Rear Adm. Lichtman brings a broad depth of experience to the command. Serving as surgeon, pupil and professor, he has gained experience in all facets of health care delivery.

The admiral comes to the region from Naval Hospital, Bethesda, Md., where he was director of surgical services.

Rear Adm. Lichtman was also appointed Professor of Surgery and Division Chief of Orthopedic Surgery at the Uniformed Services University of Health Sciences, Bethesda.

Furthermore, he became Chairman of the Military Affairs Committee of the American Academy of Orthopedic Surgeons, and Chairman of the Scientific and Technical Exhibits Committee for the American Society for Surgery of the Hand.

Among Rear Adm. Lichtman's other duties, in 1977 he was flight surgeon for Carrier Air Wing 7 aboard the USS Independence.

Capt. Levandowski has commanded the Northwest Region since September 1986. Prior to that he was the Region's Chief of Staff, coming to the command as

a "plank owner" in July 1983.

Capt. Levandowski leaves after accomplishments that include establishing the Northwest Region

Among Capt. Levandowski's naval experiences was his work on the commissioning crew of the USS Oriskany (CV-34) and subsequently served with VR-22 and VP-44 interspersed with two tours at the Flag Unit, Commander Naval Air Forces, U.S. Atlantic Fleet.

Capt. Levandowski begins Navy career as an enlisted man

Enlisting in 1948, Captain Levandowski worked his way up through the ranks to hospital corpsman first class to 1959 when he graduated from Officer Candidate School at Newport, R.I.

Subsequent tours include commissioning crew at Naval Auxiliary Air Station, New Iberia, LA.; Medical Electronics School, St. Louis, MO; the Naval Medical School at Bethesda; the Bureau of Medicine and Surgery; and as Administrative Officer of Naval Medical Research Unit 2 at Taipei and NAMRU-2 Detachments in Vietnam, Philippine Islands and Indonesia.

Capt. Levandowski completed a tour as Executive Officer, Naval Aerospace Medical Institute in July 1978 and served as Director, Administrative Services, U.S. Naval Hospital, Roosevelt Roads, Puerto Rico from 1978 to July 1981.

He served as Commanding Officer of Naval Hospital Lemoore, CA, from 1981 to 1983 when he became Chief of Staff for Naval Medical Command, Northwest Region.

Capt. Levandowski taught at New



Rear Adm. David M. Lichtman

Hampshire College and the University of Puerto Rico.

During 1987 Capt. Levandowski advanced to fellow and served as the State Director for Northern California of the American Academy of Medical Administrators, and was presented with the prestigious "Chairman's Award" for outstanding service to that international organization.

Capt. Levandowski's continual emphasis that each member of the Northwest Region is part of the "health care system" produced unprecedented cohesion of purpose in the region.

2. Space A flight calls:

a. Space available calls are done at the passenger service counter in the main lobby.

b. Space available calls are made two hours prior to scheduled flight departure. Actual seat assignment is made approximately one hour prior to scheduled departure.

3. Fees:

a. Stateside flights—no fees are collected.

b. Overseas flights—fees are collected as follows:

1. Processing fee \$10
2. Airport departure tax: \$3
3. Appropriate excess baggage fees

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Cindy Houston, catering manager for the Northwest Region Officers' Club, contemplates the holidays as she decorates a large Christmas tree that sits majestically in the foyer of the "O" Club. (Phot by Airman Deborah Davis)

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AAMA Conference gives Chairman's Award

Captain T.F. Levandowski, Commander, Naval Medical Command, Northwest Region, is the recipient of the 1987 "Chairman's Award" for outstanding services to the American Academy of Medical Administrators (AAMA).

Capt. Levandowski was advanced to Fellow and presented the coveted award on Nov. 14 by Jerry B. Scott, chairman of the board, at the annual conference and convocation of the AAMA in Las Vegas, Nevada.

The award is based upon outstanding services performed by an academy affiliate on behalf of the AAMA during the past year.

Capt. Levandowski is the first Metropolitan Director of the AAMA's Northern California District. Under his leadership, district activities were launched this year and organized into 10 sub-areas.

The Metropolitan Northern California District encompasses an area from South Central California to the state's northern border. The organization is dedicated to developing innovative concepts in health care administration and advancing its members in knowledge, professional standing and personal endeavors through education and research in management.

The AAMA Conference and Convocation was opened with a Navy Day Sym-



Captain T.F. Levandowski receives congratulations from Jerry B. Scott (left) after presentation of the American Academy of Medical Administrators "Chairman Award." (Photo by Capt. J.L. Smith)

posium featuring Vice Admiral James A. Zimble, Navy Surgeon General; Rear Admiral Donald E. Shuler, Deputy Commander, Naval Medical Command; Rear Admiral William A. Buckendorf, Commander, Naval Medical Command, Mid-Atlantic Region; Rear Admiral Mary F. Hall, Chief, Navy Nurse Corps and Deputy Commander, Personnel Management, Naval Medical Command, Washington, D.C.; and Rear Admiral James G. Roberts, Medical Officer, Commander, Naval Reserve Forces as guest speakers.

Geographic Commanders from the Pacific, Northeast and Northwest also

gave detailed perspectives on their regions to the gathering of more than 300 Medical Corps, Medical Service Corps,

Nurse Corps, Dental Corps, Hospital Corps and civilian health care administrators and providers.



Oak Harbor awards Corpsman

HM2 David Egleberger, LPO of the Naval Hospital, Oak Harbor Pharmacy Department was awarded the Navy Achievement Medal for his outstanding performance of duty. Egleberger is credited with developing a comprehensive standard operating manual for the Pharmacy Department. This task required several off duty hours of research and compilation. This manual is now used to provide orientation to new pharmacy technicians thus saving many manhours of individual instruction. HM2 Egleberger also developed a departmental workload and job tracking system that has enhanced the organization and efficiency of the department.

CNO: Beware—impaired driving dangers all

The week of 13 through 19 December 1987 has been designated National Drunk and Drugged Driving Awareness Week. The Navy joins the Department of Defense and communities throughout the nation in observance of this week. The theme for this year's awareness week is "First a Friend...Then a Host."

Off-duty private motor vehicle (PMV) mishaps accounted for nearly 60 percent of all active duty Navy deaths in FY-87.

Twenty-one percent of those casualties were legally intoxicated. These are tragic and unnecessary losses. The facts are patently obvious—the excessive use of alcohol mixed with driving is a killer.

During this special awareness week I ask all naval personnel to reflect on their own drinking habits and exercise common sense. All levels of Command, Division Officers, Chief Petty Officers and supervisors must accept full-time responsibility

for the well-being of our sailors. Keep the theme in mind...be a friend. "Friends Don't Let Friends Drive Drunk." I encourage you to use the designated driver program or public transportation.

Traditionally, the holiday season has been plagued with needless losses due to the misuse of alcohol and drugs. The Navy family is too valuable an asset to lose anyone due to carelessness. Keep the season joyous. Please drive safe and sober.

Party hosts share responsibility for drunk drivers

Suggested tips for responsible hosts and hostesses

More than 48,000 people died on our nation's highways last year. Hundreds of thousands more people were seriously injured, maimed or crippled for life. In nearly 25,000 of these deaths, the combination of drinking and driving was a prime factor. As gracious and responsible host or hostess, you can take steps to assure that your guests have a good time when you entertain and also have a safe trip home.

• Keep foremost in your mind your two goals: the comfort and safety of your guests.

• Serve both alcoholic and non-alcoholic drinks, and be sure guests know

there are both kinds.

• Frequently offer your guests food to balance their drinking. Serve food in waves to encourage return trips to the table or walk food around the room.

• Serve drinks only upon request.

• Serve normal (1 oz.) portions of liquor in drinks.

• Don't serve individuals who appear to be intoxicated or impaired, and don't serve minors.

• Mix the drinks yourself or hire a bartender.

• Choose protein-oriented items and rich, starch foods that will delay the absorption of alcohol into the bloodstream. These include cheeses, seafood, eggs, spareribs and pizza.

• Avoid salty snacks and sweets.

• Offer low calorie foods to encourage the dieting drinkers to eat as well as drink.

• Close the bar at least an hour before the party is to end. Bring on the non-alcoholic beverages—coffee, tea and soft drinks—and a dessert.

• Remember three basic ways to keep your friends alive:

—Drive them home.

—Have them sleep over.

—As couples or groups arrive for your party, suggest that at least one person remain totally sober and serve as the "designated driver" to assure a sober and safe ride home.

Make holidays the season for joy, not suicide

When a sailor takes his life, it affects his family and friends, and his command. Usually, a suicide can be prevented if those around a troubled person are aware of the warning signs and take steps to help.

Here is a list of suicidal symptoms that may help you make a positive evaluation. They are in no special order and are not of equal weight, but the more of these symptoms an individual exhibits, the more likely he or she is suicidal.

1. **Means.** Is a suitable suicidal tool available to the person? This factor carries double weight if the person frequently mentions that he or she has the means.

2. **Previous Attempt.** Recent studies corroborate that approximately 75 percent of accomplished suicides have made a previous attempt.

3. **Family History.** Statistically, people who have had a suicide in the family (especially one or both parents) are more likely to commit or attempt suicide than those who have not.

4. **Lack of Roots.** Very few people commit suicide in the town or region of their birth. The farther away a person gets from home, family connections, and close friends, the more likely suicide becomes.

5. **Withdrawal.** The potential suicide often systematically eliminates social

contacts. He or she will drop out of clubs, church, job, and will avoid old friends. The person can then reasonably say, "I'm not needed."

6. **Confusion.** The potential suicide has marked inability to separate and evaluate problems. He may say in the same breath, "My wife has left me and I'm two payments past due on the TV set." The person cannot deal effectively with many problems because he or she cannot clear the mind of others.

7. **A Vague Illness.** The potential suicide will often complain about indefinite physical illness, an "ache all over

please see page 6

**People
are
dying
for your
help.
Give
blood.**



NAVMECOM notes that ironically it is during this time of the year when numbers of blood donations seem to decrease. This has caused shortages of blood at Navy medical treatment facilities in the past.

Navy blood banks rely heavily upon Navy personnel to donate blood for use in Navy medical treatment facilities. Personnel are encouraged to consider giving blood—the gift of life—to local Navy blood donor centers during this holiday season.

Remember, the need for blood does not take a holiday.

Norwester

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Editor Jonathan S. Aronowitz
Editorial Consultant JOC Mike McGowan
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Deadline is Wednesday—one week
before publication.

Dec. 18, 1987

Follow easy safety guidelines

Take precautions: enjoy season of giving safely

The Yuletide season is fast approaching. For the great majority of Americans, it will be a time of joy. For some, however, it will be a time of tragedy. We refer to those who fail to take the proper fire-safety precautions when selecting and using Christmas trees, decorations, gift wrappings, and toy purchases.

If past years are any indication, a few will be killed, many will be injured, and much property destroyed by holiday holocausts—all of which are 100 percent preventable.

We've collected a number of fire-safety hints from the professionals (National Fire Protection Association) for your use. Follow them completely and help make this the safest Christmas holiday season on record.

- First of all, buy a firm, fresh tree. Until ready for use, store the tree in a cool place with its base in water.
- Before setting up the tree, cut off a portion of the base. This fresh cut helps the tree absorb water more rapidly. Place the tree in a stand capable of supporting it. Keep water in the stand above the level of the cut.
- Keep the tree away from heat (hot air duct, radiator, TV set, fireplace, etc.)...and where it will not block exits.
- Take the tree down as soon as possible after the holiday. Unless the tree has been treated correctly with UL-listed chemicals...do not rely on the tree's fire-retardant qualities. Also don't rely on do-

it-yourself flameproofing treatments, as none are truly effective.

- Absolutely never, never put lighted candles on a tree...or near any evergreen decorations. *This is extremely dangerous.*
- Artificial trees should be clearly marked as made of slow-burning materials. Look for the UL label on trees with built-in electric systems. With metal trees, use only indirect lighting to avoid the possibility of shock.
- Check lighting sets closely for worn insulation, broken plugs, and loose bulb sockets. Use only lighting sets that show UL or CSA labels.
- Plug tree and decorative lighting sets into house circuits having 15 amp fuses. Use extension cords sparingly. Outdoor wiring needs special weatherproof cords.
- Turn off indoor lighting sets before going out or retiring.
- For decorations, use noncombustible materials (glass, asbestos, etc.) if possible, or those which are flame-retardant. Untreated flock, cotton, and tissue papers ignite quite easily.
- Ordinary polystyrene foam or natural evergreens make fine displays but can be fire hazards. Keep them away from candles and open flames.
- Select holiday masks, whiskers, and other costuming carefully. Unless "flameproofed," they can change tradition into tragedy.
- Electric toys should have the UL or CSA label to show they meet safety standards. Gasoline, alcohol, and kerosene operated

toys are risky in children's hands...causing clothing and house fires. Avoid pyroxylin plastic toys and dolls. Give fire-safe gifts.

- Pick up wrappings while opening gifts. Put them into covered trash containers. DO NOT burn them in the fireplace. They may flare up uncontrolled.

In addition to the above, be especially careful during the Christmas season to keep matches and cigarette lighters out of the reach of children, and try to keep the youngsters from beneath the tree.

Finally, NFPA emphasizes, it is especially important during this busy season that children never be left alone or without proper supervision—even for a short time. And have the whole family learn and rehearse an escape plan for use in case of fire or other emergency.

Remember, whether you do or do not have a fire depends entirely upon you and your attitude towards safety. Those who follow the simple precautions necessary to prevent fire will live to enjoy another Christmas.

Navy announces photo contest, cash prizes

The U.S. Naval Institute and the Government Systems Division, Eastman Kodak Company are co-sponsoring the 26th Annual Naval & Maritime Photo Contest.

Winning photos will be published in a 1988 issue of *Proceedings*. Cash prizes will be awarded as follows: 1st Prize, \$550; 2nd Prize, \$350; 3rd Prize, \$250 and Honorable mention (15), \$100 each.

Mail entries to: Naval & Maritime Photo Contest, U.S. Naval Institute, Annapolis, MD 21402, (301) 268-6110.

Deadline is December 31, 1987.

Entry Rules:

1. Each photograph must pertain to a naval or maritime subject. (The photo is not limited to the calendar year of the contest.)
2. Limit: five entries per person.
3. Entries must be either black and

white prints, color prints, or color transparencies.

4. Minimum print size is 5" by 7".

5. Minimum transparency size is 35mm. (No glass mounted transparencies, please.)

6. Full captions and the photographer's name and address must be printed or typed on a separate sheet of paper and attached to the back of each print, or printed on the transparency mount. (No staples, please.)

7. Entries must arrive at the U.S. Naval Institute no later than December 31, 1987.

Photographs not awarded prizes may possibly be purchased by the U.S. Naval Institute. Those photographs not purchased will be returned to the owner if accompanied by a stamped, self-addressed envelope.

Youth learns Hodgkins is treatable

(Editor's Note: The following article is written by the son of Lieutenant Commander James Menifee Sr., former Manpower Officer for Naval Medical Command, Northwest Region.)

The Stanford Zone

By James Menifee

The long ride to Palo Alto was hot and seemed forever. I was even more disturbed when the car passed the fountain and pulled up toward the entrance. Because as I exited the car, a nice lady with a red jacket and a big smile greeted me and asked to help. The moment I saw her badge that said, *Official Greeter*, I knew

that I had entered...THE STANFORD ZONE!

This was the first of many 'nice ladies' that I was to encounter. Frankly, I think they're all in some secret club that they joined when they got too old for Girl Scouts, just like men join the Army when they grow out of Boy Scouts. As I walked through the halls, I remember commenting to my dad that it looked more like a shopping mall than a hospital. I also realized that it was unfashionable to be sick at Stanford Hospital. You were either *healthy* or *recovering*.

During the first visit I met another 'nice lady' named Pat Forbair. She was the one who informed me that Palo Alto was a suburb of Stanford. "Gee, what kind of name is F-O-R-B-A-I-R?" I thought. Well I had just about had enough! I was convinced that the whole thing was a joke and that if I peek behind the curtain, I'll find a little man pulling a bunch of levers. But it all made sense eventually, as through the weeks I talked to other patients who had Hodgkin's and other forms of cancer.

I soon dubbed the radiation machine, THE TRANSPORTER, because it reminded me of the transport area and console in Star Trek. Did I mention the UGNAUTS that ran the machine? Well, these were the technologists of Stanford, each and every one with a Ph.D. in marksism. That is, as in Marks brothers sense of humor. Alas! the doctors are even worse! They laugh at my jokes and still use words like, *Jeepers!*...*Golly!*...and the ever heinous, *Fiddlesticks!*

But that's all right. Through the discussions, experiences and good nature of the staff, I have learned that this is one hospital that deals on the plus side of the odds, and treats cancer as a CURABLE disease.

James Menifee, Alameda CA
Currently being treated for Hodgkin's Stage IIIB

NORWESTER

As our final issue goes to press

See you next year, and see the new Norwester

This will be the last issue of the *Norwester* for 1987. We have gone through many design changes since the year began. Not least, we went from the *Nor'Wester* to the *Norwester*. Next year we shall make an even more ambitious change. The look of the paper, the size of the paper, and even the type of the paper will change dramatically. We will start things off with a special color edition commemorating the change of command at the Northwest Region.

As always, our deadline is the Wednesday, one week before publication (nine days). For our next issue, Jan. 15, 1988, the deadline will be Jan. 6. See you in 1988; have a safe and happy New Year.

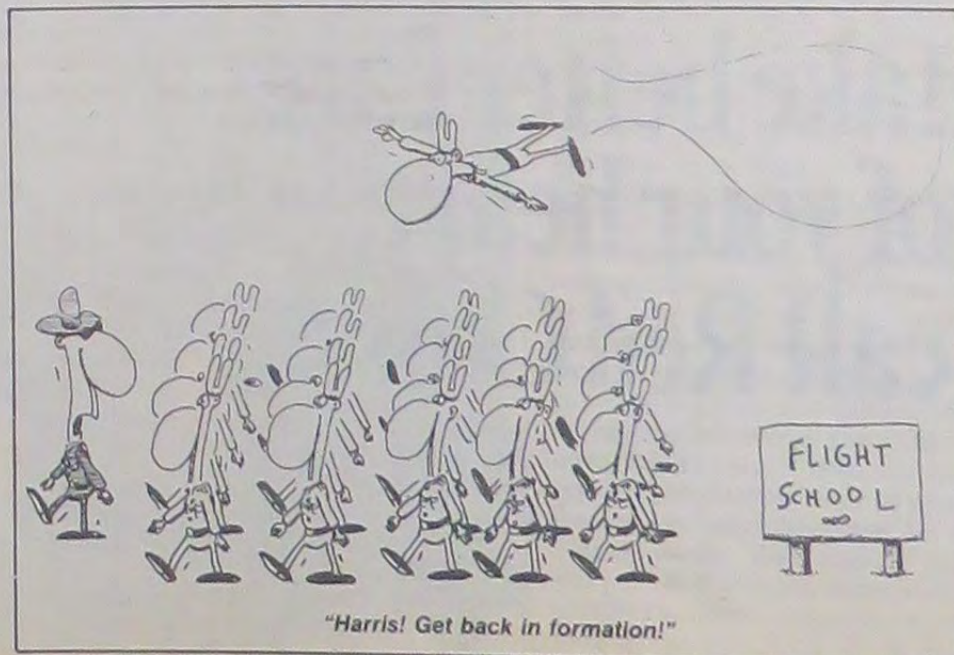
—From the Norwester Staff:
Howard Thomas, Public Affairs Officer
JOC Mike McGougan, Editorial Consultant
Jonathan Arnowitz, Editor
AN Deborah Davis, Photographer

The NAMES project at Moscone Center

The giant quilt, which covers approximately 100,000 square feet, is a national memorial to the tens of thousands of Americans whose lives have been lost to AIDS. The quilt is made up of 3'x6' fabric panels created by friends and families of those who have died, and each one bears the name of a single person lost to AIDS. Since its debut in October, the quilt has grown from the size of two football fields to almost 50 percent larger and now has "come home for the holidays" to the city where it was created.

Daily display
Free admission

Fri., Dec. 18 10 a.m.-10 p.m.
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Sun., Dec. 20 10 a.m.-6 p.m.



Our Constitution celebration ends Bill of Rights anniversary

by Jonathan Arnowitz

This December marks the 96th anniversary of the adoption of the first 10 amendments to our Constitution. We call them the Bill of Rights.

Some people have crassly called them our "bill of goods." Others, even less enlightened, were read the Bill of Rights and could not even identify them as part of our Constitution. These rights that we hold so dear must be protected, or oh how

quickly we shall lose them. That has been the backbone idea behind this year's reprint of the Federalist Papers of James Madison and Alexander Hamilton.

It is in that same spirit that I reprint below the "Bill of Rights." For these rights, with our Constitution, make us the great nation dedicated to liberty and justice.

Hold on to these principles below for without them we are lost.

Our Bill of Rights

AMENDMENT I (I-X adopted in 1791)

Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

AMENDMENT II

A well regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed.

AMENDMENT III

No Soldier shall, in time of peace be quartered in any house, without the consent of the Owner, nor in time of war, but in a manner to be prescribed by law.

AMENDMENT IV

The right of the people to be secure in their persons, houses, papers and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.

AMENDMENT V

No person shall be held to answer for a capital, or otherwise infamous crime, unless on a presentment or indictment of a Grand Jury, except in cases arising in the land or naval forces, or in the Militia, when in actual service in time of War or public danger; nor shall any person be subject for the same offense to be twice put in jeopardy of life or limb; nor shall be compelled in any criminal case to be a witness against himself, nor be deprived

of life, liberty, or property, without due process of law; nor shall private property be taken for public use, without just compensation.

AMENDMENT VI

In all criminal prosecutions, the accused shall enjoy the right to a speedy and public trial, by an impartial jury of the State and district wherein the crime shall have been committed, which district shall have been previously ascertained by law, and to be informed of the nature and cause of the accusation; to be confronted with the witnesses against him; to have compulsory process for obtaining witnesses in his favor, and to have the Assistance of Counsel for his defense.

AMENDMENT VII

In Suits at common law, where the value in controversy shall exceed twenty dollars, the right of trial by jury shall be preserved, and no fact tried by a jury, shall be otherwise re-examined in any court of the United States, than according to the rules of the common law.

AMENDMENT VIII

Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.

AMENDMENT IX

The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people.

AMENDMENT X

The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.



A resident at Silvercrest helps a young grandchild with her meal as they enjoy the Thanksgiving feast together.

Alone for the holidays no more

You don't need to b

story and photos by Airman Deborah Davis

What do senior citizens and young sailors share in common?

They both may have lonely holidays. Senior citizens without families and sailors by themselves find they may have very lonely and perhaps depressing holidays—unless they come together and share in the spirit of the season.

On this past Thanksgiving Day, 724 senior citizens and 40 sailors shared holiday meals together at seven San Francisco Salvation Army Centers. However, it wasn't the first time that Bay Area sailors and senior citizens joined ranks for mutual benefit on a holiday.

Plans are already set for another get together at Christmas.

"The Navy participation with the Salvation Army started 18 months ago when the Commander, Naval Base, San Francisco, began a program on Mother's Day called 'Adopt-A-Grandmother.' Radioman 1st Class Steven Blalock related during the Thanksgiving dinner at the Salvation Army's Silvercrest Senior Residence in San Francisco.

Since the first Mother's Day celebration was an overwhelming success, officials at the Naval Base and Naval Technical Training Command (NTTC) on Treasure Island decided to continue coordinating a volunteer program for sailors to assist Salvation Army Centers during most holidays.

Sailors and seniors are even getting together now on such holidays as Father's Day, Veterans' Day, and on Navy Day during Fleet Week.

Electrician's Mate 1st Class Peter Bechard of NTTC coordinates with the Salvation Army and the Navy to transport the volunteers to the events. EM1 Bechard is especially enthusiastic about the "sailors-to-seniors" program.

"Many young sailors in my command have just come from basic training and are not authorized to wear civilian clothes," EM1 Bechard explained. "They feel different when they go on liberty. It hurts their self-esteem.

"Participating in this program helps them feel good about themselves and the Navy," Bechard continued. "It makes good use of their time instead of them just staying around the barracks.

"This activity is especially meaningful

during the holidays when being alone normally means feeling lonely or depressed."

The senior citizens are very grateful for the sailors' presence. One senior said to Damage Control "A" School student Fireman Recruit Robert Hornstein on Thanksgiving Day that she "would be proud if he was her own son." And that "being in a uniform makes the man."

Veteran Randall Campbell, a guest at the Silvercrest residence said, "I enjoyed the Navy personnel visiting here and helping serve us dinner on Thanksgiving; you see, I used to be a chief gunner's mate."

The Thanksgiving celebration began at 9 a.m. when sailors from NTTC ships and commands at Naval Air Station, Alameda; Naval Medical Command, Northwest Region; and the frigate USS Roark climbed aboard two buses at Treasure Island. The 40 sailors were joined by a Coast Guardsman, his wife, and the sister of one Navy man.

The volunteers were separated into groups and shuttled to the seven Salvation Army centers. At the centers, the military personnel visited with the seniors on a one-to-one basis before donning plastic aprons to join other volunteers in serving the Thanksgiving feast prepared by the corps of Salvation Army workers.

At the Silvercrest residence alone, 10 turkeys, 9 quarts of mashed potatoes, 3 1/2 quarts of cranberry sauce and 115 pumpkin pies were served.

With the sailors providing extra help, the other volunteers were able to serve the guests individually seated at tables rather than having the seniors file through a long line cafeteria style as on past holidays.

"Seeing all these young sailors brought back a lot of happy memories for me of when I was a young sailor trying to strike for the electrician's mate rate back in World War Two," remarked Salvation Army Envoy Clifton Steele. Steele has managed the Silvercrest Senior Residence since it opened on Aug. 6, 1974.

During the Thanksgiving feast at Silvercrest, members of the Salvation Army spoke about the significance of the day. Seniors and sailors alike got into the spirit by singing.

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We'll Help. Will You?



Bay Area sailors and Salvation Army workers line up outside the kitchen at the Silvercrest Senior Residence to receive Thanksgiving meals that they served to guests "home style."

with family to show you care

A high point for the Silvercrest folks came when Lieutenant Tim Flynn of the Shore Intermediate Maintenance Activity at NAS Alameda led all the aproned sailors and all the seniors in a rousing "Anchor's Away."

"I thank all the people for a nice Thanksgiving dinner and for the entertainment," mentioned Gypsy Pagnan, one of the seniors, "but most of all I want to thank the Navy personnel for caring enough about us to come out and serve the meal and spend time with us. And especially for sharing their lovely smiles and going to the stage and singing for us."

Storekeeper 1st Class Wilfred Alexander perhaps best summarized the spirit of the "seniors-to-sailors" program: "Senior citizens and younger people are the most neglected in our society and they need to be together during the holidays. The younger people could seek guidance and wisdom from the senior citizens; and the older people who are lonely receive caring and companionship from the younger people."

EM1 Bechard is not only the coordinator of the Salvation Army program. With Religious Program Specialist 2nd Class Billy Lueb, they also help make and deliver food in the Harbor Light Meals program.

The Harbor Light Meals program helps feed people who cannot get out of their homes to go to service centers for holiday meals. Meals for 3,700 people were delivered on Thanksgiving by the program volunteers.

Petty Officer Bechard said that he hopes to gain even more volunteers from Bay Area commands for the Harbor Light Meals and seniors-to-sailors programs before the upcoming holidays. He already has plans for the Christmas/Chanukah holidays.

Anyone desiring to participate or needing further information may contact EM1 Bechard at NTTC at (415) 765-5534.

Chrystle Vichmann, a dependent wife who participated in the Thanksgiving volunteer project at Silvercrest declared, "I loved it and want to come back for Christmas. I'd advise people to volunteer for more of these types of events. They make you feel good."



Storekeeper 1st Class Wilfred Alexander (right) serves a Silvercrest resident.



Fireman Recruit Robert Hornstein pours coffee for residents at Silvercrest.

Take care of children and learn how to avoid unneeded doctors visits

By Cmdr. Mark Brown
Family Practice Physician
Naval Hospital, Oak Harbor

Let's suppose that your child is at least three months old. He was fine yesterday, but today he felt too warm so you took his temperature. (EVERY home should have a thermometer with which to take a temperature. Thermometers are available at any drugstore.) It was 103 and your child was perhaps eating a little less than usual and was a little less active than usual, but the only real problem which you noticed was the fever.

At this point you can safely give him the dose of acetaminophen (Tylenol or Panadol are trade names of this safe medication) which the bottle recommends for his weight or age. (If the bottle does not give this information, then either call the clinic during the regular workday or the Acute Care Clinic after regular working hours for this information.) Throughout the time your child has the fever, give him plenty of juices and other liquids. Four hours after his dose of acetaminophen, take his temperature again. It will probably still be elevated, perhaps even 104 to 105. If no other symptoms have developed, give him again the proper dose of acetaminophen. This process of taking the child's temperature and giving him acetaminophen for a fever will probably continue for two or three days.

Over 90 percent of these illnesses will be caused by a virus and no treatment is needed other than treating with acetaminophen every four hours for a fever of 101 or more and waiting the two to three days required for the fever and the virus to be conquered by your child's immune system.

If your child is two months old or less, then a temperature of 100.5 is potentially serious even if no other symptoms are present. A child of this age has an immune system which cannot always fight off bacteria and viruses. This child should be brought to the hospital for either an appointment in the appropriate clinic or Acute Care Clinic that day. Do not give any treatment at home.

Warning signs of serious illness are if your child becomes lethargic, listless, never wants to play, is fretful, restless, unhappy even when you hold him or her, and does not want to eat at all. If your child develops any of these symptoms, then you should call the appropriate clinic or bring your child to the Acute Care Clinic. Describe the symptoms to personnel there and receive further advice.

Finally, I want to mention the seizure associated with fever. Occasionally, a child who has a rapid rise in his temperature will have a seizure (a convulsion). If your child acts oddly and appears to be having a seizure, make sure that he is lying on one side or the other, with the head slightly lower than the rest of his body. This position helps to prevent any respiratory complications in case he vomits during the seizure. The seizure will pass and no brain damage occurs as a result of a simple seizure; however, we do wish to see that child in the Acute Care Clinic immediately in case further evaluation and treatment are needed.

Democracy, Glasnost combine for special holiday message

By Johnathan Seth Arnowitz
Editor, Norwester

During the Soviet/U.S. summit earlier this month, President Ronald Reagan and Soviet General Secretary Mikhail Gorbachev signed a nuclear arms elimination treaty. It had the following preamble:

"The United States of America and the Union of Soviets Socialist Republics, herein after referred to as the Parties:

"Conscious that nuclear war would have devastating consequences for all mankind.

"Guided by the objectives of

strengthening strategic stability.

"Convinced that the measures set forth in this Treaty will help to reduce the risk of outbreak of war and strengthen international peace and security, and

Mindful of their obligations under Article VI of the Treaty on the Non-Proliferation of Nuclear Weapons,

Have agreed:"

There are only two things I want to add to that: "Peace on earth and good will towards all people and a resounding 'amen!'"

Space program at CAL POLY wins honors for NWREG son

(Editor's Note: The following article tells of the award-winning design of a space vehicle by 10 students at Cal Poly, San Luis Obispo. One of those students is Christopher Brown, son of Naval Medical Command, Northwest Region Special Services Director Ron Brown.)

Poly's place in space

Aeronautical engineering students design award-winning space vehicle

By Kristin Roncarati

A group of 10 Cal Poly aeronautical engineering students won first place in a national contest to design a space-station-based rescue vehicle.

The 10-member group entered their design in Allied Corporation's 15th annual student competitions sponsored by the American Institute of Aeronautics and Astronautics. The Cal Poly group competed with 24 other university teams from around the nation.

Senior Derek Lang and Steven Merrihew (who graduated last June) headed the engineering group.

Lang said the group was surprised their project won first place. "This was a first time for us all to put something together and see how we did."

The students will receive a first-place

award of \$1,000 and a certificate for their 95-page report which outlined the design concept for the space-station emergency vehicle.

The project was described by Lang as a rescue type vehicle that can be attached to a space station for use in case of an emergency. The project will allow astronauts to "jump in and zip on back to earth," said Lang.

Lang said because Cal Poly does not have a concentration within the department which focuses on space research and design, a lot of the research had to be learned from scratch.

The students spent approximately 1,500 hours developing proposals for the vehicle's nine systems—electrical power, communications, structures, information and data management, thermal protection, environmental control, navigation guidance and control and propulsion.

Other team members who worked on the project were Christopher Brown, Naseer Khan, David Mounkes, Alexander Orosz, Lee Peron, Lisa Won and juniors Joyce Byrne and Stephanie Los. The students were advised on the project by mechanical engineering professor William Patterson.

Suicide prevention *continued from page 2*

feeling," or chronic psychosomatic signs. These are important because they reflect a high degree of disorganization.

8. *Urge to Kill*. The potential suicide may be seeking revenge, thinking, "You may be sorry when I'm gone." This is a dangerous attitude because it may give birth to homicide.

9. *Fear of the Future*. Although it sounds incongruous, many people commit suicide because they fear death. "I know it's cowardly to think of suicide," they say, but actually they are thinking that if they can accomplish suicide they won't have to fear the things that really worry them.

10. *Financial Reverse*. This situation may cause the loss of status as much as the loss of money.

11. *Rationalization*. Occasionally, the potential suicide will attempt an aggressive defense of suicide. This is especially true where the person is following the footsteps of a relative.

12. *Negative Protest*. This is a tricky factor. If a person tells you in an overemphatic manner that he or she is not contemplating suicide, be careful.

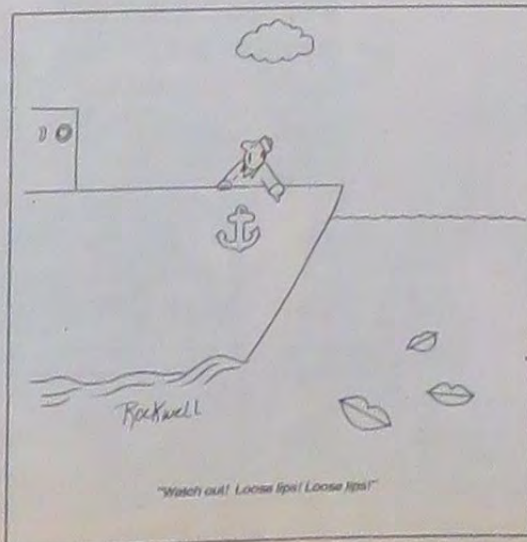
13. *A feeling of Failure*. Despite any past successes, the potential suicide will harp on his or her failures, even small ones. They will say they are inefficient, forgetful, and make mistakes that others notice.

For more information on suicide prevention consult NAVMEDCOMINST 6520.1A of March 31, 1986 or contact your Naval hospital or branch clinic.

Navy AIDSline

Naval Hospital, San Diego will soon begin a toll-free hotline for all HIV-positive Navy and Marine Corps personnel. The hotline will be available for those who want additional information about the human immunodeficiency virus, AIDS, ARC, or for those who are infected and just want to talk to someone. The hotline will be staffed by trained volunteers who are experienced in dealing with this problem.

The hotline telephone numbers are toll-free from anywhere in the United States. Nationwide: 1-800-634-2519; California: 1-800-247-6307.



It's GEOCOM holiday time!

It's beginning to look a lot like Christmas around the GEOCOM. Adding to the holiday mood at NAVMEDCOM Northwest Region headquarters are: snowflakes created by Barbara Moulton, secretary to Captain J.L. Smith, Assistant Chief of Staff for Logistics; and ornaments on a Christmas tree. (Photo by Airman Deborah Davis)



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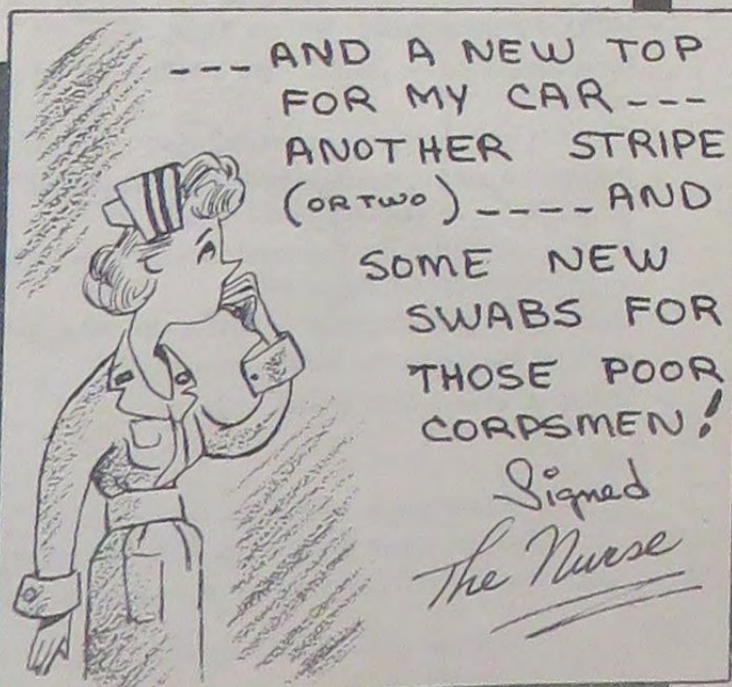
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Reprinted from the Dec. 25, 1951 Oak Leaf, the original publication of the Norwester. We have reprinted it as our holiday treat for our readers. Have a happy holiday: hug your family, or just celebrate in the universal humanity of our world.

DEAR SANTA



*Signed
The Nurse*



*Signed
The Doctor*

*Best
Wishes
for a Very
Merry
Christmas
and a
Happy
New Year
R. ZETTERHOLM*